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CITY AND COUNTY OF THE CITY OF EXETER

EDUCATION COMMITTEE

ANNUAL REPORT

UPON THE

SCHOOL HEALTH SERVICE

FOR THE

YEAR ENDED 31st DECEMBER, 1954

E. D. IRVINE, M.D., M.R.C.S., D.P.H.,
PRINCIPAL
SCHOOL MEDICAL OFFICER

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SCHOOL HEALTH DEPARTMENT,
1A, SOUTHERNHAY WEST,
EXETER.

February, 1955

To the Chairman and Members of the Education Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I present my annual report on the health of the school children and the work of the school health department for the year 1954.

The number of children in the schools increased during the year by 304 to a total of 9,986. " The bulge " is now entering the junior schools and it is in these and no longer in the infants schools that pressure in accommodation is being felt. During the year one new school was opened, viz. Stoke Hill Infants' School (240 places). The programme of minor improvement works in the older schools, in addition to the normal redecoration and repairs, was continued.

The health of the school children was satisfactory and apart from a good deal of influenza and colds just before Christmas there was not much serious epidemic sickness. Mumps has been fairly prevalent. Measles occurred in a smouldering way in the Countess Wear area towards the end of the year but no extension took place and the expected epidemic has not materialized : the last major outbreak was in February—April, 1953.

The general condition of the children at the periodic examinations was regarded as satisfactory in all but 2%, in whom it was regarded as poor. The height and weight of the children compared closely with those of the same age and sex groups in the preceding year. Children are thoroughly examined after school entrance, at 8 years old, after entering the senior schools, and in the last school year. Head cleanliness examinations were reduced, as indicated in my last report ; the percentage of children found unclean (verminous) once, was very slightly less than in 1953.

The major extension of health work during the year in the schools was the tuberculin testing and B.C.G. vaccination where indicated of children in the 13—14 year range, in the various schools in the city, whether in maintained or independent schools. This, agreed jointly by the Health and Education Committees, proved a formidable task despite the great help the teachers gave us and the willing co-operation of the parents and children.

It is likely to prove more formidable still as the years go by because a follow-up will be necessary in the evaluation of the results, and therefore there will be a " build-up " of work in the course of time in relation to those already B.C.G. vaccinated. We believe that this vaccination will be a substantial contribution in the campaign against tuberculosis.

" Adjustment teaching " of educationally sub-normal children, based on a report approved by the Education Committee in 1953, was begun in January 1954, and an interim progress account is set out as an appendix to this report. We believe, (and the teachers have expressed the same view) that this is a most useful contribution in the educational treatment of these children and it should be extended to other schools. It is as yet limited in extent because of the difficulty in providing satisfactory accommodation and we have emphasised the need to preserve for each class one room—" a home of its own "—and it is not yet meeting the problem of educationally sub-normal children in the lowest intellectual ranges.

Early in the year, at the Education Committee's request, the Council's Establishment Committee approved the addition to the establishment of a fourth dental surgeon and a dental attendant. Whether the fourth dental surgery should be sited in the central clinic or peripherally was the subject of much consideration ; an extension to the central school health clinic is however impossible without encroaching on other Council departments, and it is desirable, if a further peripheral clinic is to be established that it should be in the St. Thomas area. Negotiations are now in hand for premises in that area, which, with adaptation, can be made suitable. In an effort to reduce the loss of time incurred by treating " casual " dental cases (often children with septic teeth who have not accepted treatment when offered) they are now treated at 4.15 p.m. instead of 9.30 a.m.

When the Whipton Health Clinic opened in September the school dental, the speech therapy and the minor ailments clinics (formerly held in the Whipton Infants School) were transferred to the new building. This has proved very advantageous, especially to the dental and speech therapy services ; the links with the other health services are most useful and now the mothers come much more readily with their children who are receiving speech therapy, with good results.

A minor ailments clinic was started in the Stoke Hill Junior School to serve this and the neighbouring Infants School, both far removed from existing clinics. It is open every school day for about 1¼ hours.

The scheme for reference of school children with disease or defect to hospitals through the family doctor or direct as desired, has worked well. I am indebted to the hospitals and their consultants and other staff, for their great help in giving us information about children attending the hospitals. This is now much better than in previous years.

To all my staff, and especially to Dr. J. Smith (senior school medical officer) and Mr. W. H. Stamp (senior clerk of the section) I express my thanks for their loyalty and hard work. The Director of Education and his staff have always helped me most wholeheartedly.

Teachers and parents, we in the school health department, and you, Mr. Chairman, Ladies and Gentlemen, have one common object—the improvement and maintenance of the health of the children. I express my thanks to you for your sympathetic attitude to all that has been proposed on their behalf.

I am,

Your obedient servant,

E. D. IRVINE.

EXETER EDUCATION COMMITTEE.

(as constituted on 31st December, 1954).

Chairman—

Alderman VINCENT THOMPSON, O.B.E.

Deputy Chairman—

Alderman W. G. DAW.

Committee—

The R.W. The Mayor—

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Councillor H. T. Ackroyd.
Councillor P. F. Brooks.
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Councillor P. A. Spoerer.
Councillor Mrs. F.M. Vining.
Councillor J. G. Warne.
Councillor A. S. Webber.

Co-opted Members—

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Miss K. M. Bulleid.
Rev. Preb. R. L. Collins.
Mr. J. J. L. Gore, B.SC.
Mrs. R. M. A. Hodge.
Miss S. Y. Mathias.
Mr. A. E. Nichols, C.B.E., M.C., M.A.
Mrs. M. D. L. Purton.
Miss F. M. Ragg, B.A.
Dr. J. W. Cook, D.SC., PH.D.

G. A. TUE, M.A.,
Director of Education.

E. D. IRVINE, M.D., M.R.C.S., D.P.H.,
Principal School Medical Officer.

STAFF OF THE SCHOOL HEALTH DEPARTMENT.

Principal Sch. Med. Officer & Medical Officer of Health	Edward D. Irvine, M.D., M.R.C.S. L.R.C.P., D.P.H. (LIV.)
Senior Sch. Medical Officer	Jessie Smith, M.B., CH.B., D.P.H. (LEEDS).
School Medical Officers ..	James H. Whittles, T.D., M.D., B.Sc., M.R.C.S., L.R.C.P., D.P.H. (LOND.), ALSO DEPUTY M.O.H. Iris V. I. Ward, M.D., M.R.C.S., L.R.C.P., D.C.H. (LOND.)
Principal Dental Officer ..	William Crofts Arkle, L.D.S. (GLASGOW).
Dental Officers	Martin Radford, B.A., L.D.S., R.C.S., (ENG.) James B. Clark, L.D.S., R.C.S. (EDIN.)
Child Guidance Centre ..	Hardy S. Gaussen, M.R.C.S., L.R.C.P., Psychiatrist (part-time). Mrs. E. Lewis, M.A., (OXON.), M. Ed., (BIRM.)., Educational Psychologist (part-time). Miss K. Hunt, B.A., (LEEDS), Psychiatric Social Worker.
Speech Therapist	Miss M. A. McGovern, L.C.S.T.
Superintendent Sch. Nurse (Also Supt. Health Visitor)	Miss A. C. Atkinson.
School Nurses .. .. (Also Health Visitors)	Miss A. E. Edds. Miss N. E. Smith. Miss L. E. Wathen. Miss M. L. Barrett. Miss G. M. Bastow. Mrs. K. Dunham. Mrs. E. Stannard. Miss E. N. Lee (Resigned 30.11.54). Miss H. M. Shewan (Appointed 1.3.54). Mrs. G. M. Tipper (Appointed 1.12.54).
Temporary School Nurses	Mrs. D. M. Wakely, (Part-time). Mrs. K. A. Atkins, (Part-time).
Temporary Clinic Nurses ..	Mrs. T. S. Tiller, (Part-time). Mrs. M. A. McNamara, (Part-time). Mrs. E. Pyle, (Part-time). Mrs. B. P. Taylor (Part-time, Appointed 13.9.54).
Dental Attendants ..	Miss E. I. Rose. Miss A. M. Snowden. Mrs. P. M. Mock (Resigned 30.6.54). Mrs. G. Coombs (Appointed 13.9.54).
Clerks	Mr. W. H. Stamp, Clerk in charge. Mrs. M. E. Palfrey (Resigned 31.12.54). Miss S. M. Tucker. Miss J. Shere. Mrs. J. L. Watts (Appointed 14.12.54). Miss J. J. Miller (Temporary). Miss M. A. Fenwick (Dental). Mrs. P. I. Goss (Child Guidance Centre).

STATISTICS AND GENERAL INFORMATION.

Population of City (Mid-Year 1953)	76,700
Population (City) between 5 and 15 years approx.	11,000
Population of Maintained Schools as at 14th January, 1955	9,986
Number of Maintained Schools	37

Pupils			Schools	
Boys	Girls	Total	Department	Number
27	13	40	Nursery	1
1,227	1,191	2,418	Infants	16
2,137	1,874	4,011	Junior	16
1,174	1,142	2,316	Secondary Modern	8
214	—	214	Secondary Technical	1
477	491	968	Secondary Grammar	2
11	8	19	Hospital Special School (Honeylands)	1
5,267	4,719	9,986	Totals	45

Those schools having both infants and juniors have been counted as having two departments.

During the year, one new school was opened :—

Stoke Hill Infants' School (240 places).

There are now 8 post-war schools in the city.

The 5-year programme of improvements in old schools was continued during the year. The improvements effected are included in the work carried out by the City Architect detailed below.

SCHOOL BUILDINGS.

I am indebted to the City Architect (Mr. H. B. Rowe) for the following notes on work carried out by his department in the schools during 1954.

(a) School Meals Service.

A scullery and dining room were completed and brought into use at the new Stoke Hill Infants' School.

A new heating installation was provided in the dining rooms at St. James Girls' S.M. School.

Internal decorations were carried out at kitchens at Whipton Infants' School and Montgomery Junior Girls' School.

(b) Alterations.

Apparatus for the supply of hot water was provided at St. Thomas Infants' School and at Exwick Junior Mixed and Infants' School.

Improvement of electric lighting at Exwick Junior Mixed School was also completed.

A hot water installation was provided at John Stocker Junior Boys' School and the work of overhauling and improving the electrical installation was completed. A new floor was laid in the hall.

A hot water installation was provided at St. David's Junior Mixed School and a new urinal was installed.

The sanitary accommodation at St. Mary Arches Infants' School was improved by the installation of new W.C. pans and flushing apparatus.

The tall bell turret constructed of brick and stone at Central Junior Mixed and Infants' School was removed as a safety measure.

New block floors were laid in three classrooms at Ladysmith Junior Mixed School and sunblinds were provided in all classrooms.

An additional storey was added to the classroom block at John Stocker Boys S.M. School providing three classrooms, two general purpose rooms and an art room, and the electric lighting installation in the hall was brought up to modern standards.

Extensive work was undertaken to the electrical installation at Episcopal Boys S.M. School.

The heating of the metalwork room and the headmaster's study at Ladysmith Boys' S.M. School, was improved.

A second heating boiler at Hele's School was replaced by a new boiler and the electric lighting installation in the assembly hall, two classrooms, headmaster's study and office, was renewed.

A hot water installation was provided for washing hands in the male and female toilets at the Central Technical College premises at Belmont.

The male students' toilets at the Technical College premises at Bartholomew Street were remodelled.

(c) Internal Decorations.

(i) Internal decorations of a major character were carried out at the following schools :—

Montgomery Junior Girls.
St. Sidwell's Junior Mixed and Infants.
Bradley Rowe Infants.
Bradley Rowe Junior Boys.
Heavitree Junior Mixed and Infants.
Whipton Infants.
John Stocker Boys Secondary Modern.
St. Thomas Girls Secondary Modern.
Episcopal Girls Secondary Modern.
Ladysmith Boys Secondary Modern.
Hele's School Assembly Hall, etc.
Bishop Blackall.
College of Art.

(ii) Internal decorations were carried out at ten other schools or properties controlled by the Education Committee.

MEDICAL INSPECTION AND TREATMENT.

Inspections.

In a total school population of 9,986 the periodic medical examinations numbered 3,358 and other medical examinations 4,429, (including 254 complete special examinations). Parents were present at 2,474 (68.5%) of the complete examinations. Parents are not normally invited to be present at the re-examinations but are occasionally invited to the incomplete special examinations: these attendances are, however, not recorded for statistical purposes. 837 children (approximately 1 in 4 of those examined at the periodic inspections) were found to require treatment for some defect other than dental disease which is common, or verminous conditions which are rare.

98% of the children were regarded as showing satisfactory (good or fair) " general condition "—a figure much the same as in the previous two years (97%). I am pleased to be able to report that the adverse change noted in the entrants " general condition " in 1953 did not persist in 1954. In fact, the entrants " general condition " in 1954 was regarded as poor in only 1.6% as compared with 3.6% in 1953.

The periodic medical examinations have now been carried out by the same medical officers using the same standard of classification during the past three years and it is interesting to note that out of a total of 10,880 complete examinations of children during that period, in 10,600 (97.4%) the " general condition " was recorded as satisfactory, and as " poor " in only 280 (2.6%).

Otitis media was found in substantially fewer children than in the previous year ; 33 children (about 1 in 140 of those examined at periodic and special complete examinations) were found to have otitis media (running ears) ; 18 were referred for treatment, the remaining 15 cases being kept under observation. 136 children were referred for treatment of nose and throat defects, whilst a further 312 children are being kept under observation.

	1953					1954				
	No. of children med. examd.	SQUINT		OTITIS MEDIA		No. of children med. examd.	SQUINT		OTITIS MEDIA	
		*T	‡O	*T	‡O		*T	‡O	*T	‡O
Entrants ...	1,080	11	28	9	14	930	9	21	3	5
2nd Age Group ...	688	4	7	—	2	741	1	10	1	2
3rd Age Group ...	649	—	1	—	1	773	—	1	1	2
Other Periodics ...	1,054	1	13	5	10	914	2	9	6	4
Specials ...	2,485	8	5	15	2	1,935	2	2	7	2
TOTAL ...	5,956	24	54	29	29	5,293	14	43	18	15

*Referred for Treatment ‡Referred for Observation

It has been suggested that squint and otitis media are more common now than in the recent past ; our figures are too small to draw any useful inferences.

Further details are given in Table II at the end of this report.

Treatment.

The location of the school clinics and the attendances are as follows :—

Minor Ailments.	1952	1953	1954
Central Clinic, 1A Southernhay West	4,406	3,976	3,480
Western Clinic, Buddle Lane Community Centre, Merrivale Road	2,479	2,212	1,606
Eastern Clinic, Burnthouse Lane Community Centre, Shakespeare Road	3,478	3,361	3,093
Whipton Health Clinic	1,370	1,039	1,931
Stoke Hill Clinic (from 14.9.54)	—	—	426
TOTALS	11,733	10,588	10,536

Dental Clinics	1952	1953	1954
Central Clinic, 1A Southernhay West	8,316	8,077	6,213
Whipton Health Clinic	—	1,921	2,717
TOTALS ...	8,316	9,998	8,930

The central school clinic and dental clinics are open every week-day (excluding public holidays) all the year round. The branch clinics are open every school-day during the terms. In September a minor ailments clinic was opened at the Stoke Hill Junior Mixed School for the treatment of children in this and the Stoke Hill Infants School which were recently built on a large new housing estate on the northern outskirts of the city. In September the northern minor ailments clinic was transferred from the Whipton Infants School to the new Whipton Health Clinic, which was officially opened by the Minister of Health on the 28th September. The number of children attending clinics has increased appreciably but not so the attendances which show a very slight decrease compared with 1953. "Other skin conditions" again show an increase over last year.

TABLE SHOWING THE INCIDENCE OF "MINOR AILMENTS" DURING 1954.

DEFECT	Central	Eastern	Western	Northern	Stoke Hill	Grand Total
Ringworm: Scalp	—	—	—	—	—	—
Body	1	5	1	—	—	7
Eye Defects (incl. visual errors etc.)	57	79	30	39	1	206
Ear Defects (incl. wax, otorrhea, etc.)	151	98	49	54	2	357
Nose and throat defects	43	26	10	15	2	96
Impetigo	3	8	12	5	—	28
Warts: Plantar	38	5	4	2	1	50
Other	44	34	16	36	6	136
Other skin conditions	181	62	21	43	8	315
Miscellaneous (Minor Injuries, etc.)	377	382	203	357	23	1,342
Total number of individual children	898	699	346	551	43	2,537
Total number of attendances	3,480	3,093	1,606	1,931	426	10,536
Total number of sessions....	304	197	197	197	61	956

When a child has been treated at the one time for more than one defect the more important has been listed.

HEIGHTS AND WEIGHTS.

BOYS' HEIGHTS

BOARD OF EDUCATION STANDARD (1928)		EXETER BOYS (1954)		
Age	Height in inches	Age	Number examined	Average height in inches
5. (4½-5½) yrs.	41.4	5. (5-6) yrs.	471	43.1
6. (5½-6½) yrs.	43.0			
7. (6½-7½) yrs.	45.4			
8. (7½-8½) yrs.	47.8	8. (8-9) yrs.	418	50.3
9. (8½-9½) yrs.	49.2			
10. (9½-10½) yrs.	51.3			
11. (10½-11½) yrs.	52.7	11. (11-12) yrs.	283	56.7
13. (12½-13½) yrs.	56.2	12. (12-13) yrs.	96	58.1
14. (13½-14½) yrs.	58.0	14. (14-15) yrs.	392	63.3
		15. (15-16) yrs.	127	66.0
		17. (17-18) yrs.	34	67.8

BOYS' WEIGHTS

BOARD OF EDUCATION STANDARD (1928)		EXETER BOYS (1954)		
Age	Weight in pounds	Age	Number examined	Average weight in pounds
5. (4½-5½) yrs.	38.7	5. (5-6) yrs.	471	42.7
6. (5½-6½) yrs.	41.3			
7. (6½-7½) yrs.	45.4			
8. (7½-8½) yrs.	51.0	8. (8-9) yrs.	418	60.2
9. (8½-9½) yrs.	54.8			
10. (9½-10½) yrs.	59.6			
11. (10½-11½) yrs.	64.6	11. (11-12) yrs.	283	80.7
13. (12½-13½) yrs.	76.5	12. (12-13) yrs.	96	86.7
14. (13½-14½) yrs.	86.1	14. (14-15) yrs.	379	109.7
		15. (15-16) yrs.	127	127.7
		17. (17-18) yrs.	34	147.0

GIRLS' HEIGHTS

Board of Education Standard (1928)		Exeter Girls (1954)		
Age	Height in inches	Age	Number examined	Average height in inches
5. (4½-5½) yrs.	41.1	5. (5-6) yrs.	455	42.5
6. (5½-6½) yrs.	42.8			
7. (6½-7½) yrs.	45.1			
8. (7½-8½) yrs.	47.5	8. (8-9) yrs.	299	49.8
9. (8½-9½) yrs.	48.9			
10. (9½-10½) yrs.	51.2			
11. (10½-11½) yrs.	52.8	11. (11-12) yrs.	262	56.9
13. (12½-13½) yrs.	56.9	12. (12-13) yrs.	98	58.6
14. (13½-14½) yrs.	58.9	14. (14-15) yrs.	305	61.9
		15. (15-16) yrs.	69	63.6
		17. (17-18) yrs.	39	63.9

GIRLS' WEIGHTS

Board of Education Standard (1928)		Exeter Girls (1954)		
Age	Weight in pounds	Age	Number examined	Average weight in pounds
5. (4½-5½) yrs.	37.5	5. (5-6) yrs.	455	41.8
6. (5½-6½) yrs.	40.1			
7. (6½-7½) yrs.	44.4			
8. (7½-8½) yrs.	49.4	8. (8-9) yrs.	299	58.3
9. (8½-9½) yrs.	52.6			
10. (9½-10½) yrs.	59.8			82.8
11. (10½-11½) yrs.	63.9	11. (11-12) yrs.	262	
13. (12½-13½) yrs.	79.0	12. (12-13) yrs.	98	90.7
14. (13½-14½) yrs.	88.2	14. (14-15) yrs.	306	111.2
		15. (15-16) yrs.	69	124.8
		17. (17-18) yrs.	39	129.5

Boys are measured in their vests and pants, and girls in their underclothes; both without shoes.

Cleanliness Examinations in schools are carried out by the nurses, under the arrangements outlined in my last report. Beginning in 1955, junior boys will be examined only twice a year. Nevertheless, children known in their primary schools to have been frequently verminous are still followed up in the secondary schools; this year, the hair was affected by vermin in only 1 boy at a secondary modern school, and all the girls in the girls' grammar school were found to be quite clean.

The total number of children in the schools at the end of the year (estimated 14th January, 1955) was 9,986. The cleanliness examinations numbered 20,650. The number of individual children found to have nits or vermin in the hair at these examinations was 233, (205 girls and 28 boys) giving an overall rate of 2.3% (4.3% among the girls and .5% among the boys). These findings are comparable with those for 1953 when 230 children (190 girls and 40 boys) out of a school population of 9,682 (a rate of 2.4%), were found affected. Of the 233 children 67, (63 girls and 4 boys) were found infested more than once, (after allowing a reasonable interval for cleansing) during the year. This is twice the number so found last year and is disappointing, though the overall percentage of individuals affected has improved slightly. The infant school children are now examined by health visitors who are also school nurses. A single nit is regarded as making the child's head unclean. " Sacker " combs are available on loan and for sale at reduced prices ; supplies of preparations containing modern insecticides are provided free of charge. No compulsory cleansing was carried out under Section 54(3) of the Education Act, 1944, and no prosecutions were undertaken.

TABLE SHOWING INDIVIDUAL CASES OF UNCLEAN HEADS FOUND IN 1954 BY AGE GROUPS.

Age (*at* 31.12.54).	HEADS FOUND UNCLEAN			
	ONCE		MORE THAN ONCE	
	Boys	*Girls*	*Boys*	*Girls*
Under 5	1	1	1	—
5	1	11	—	2
6	7	16	1	10
7	2	16	—	8
8	3	20	1	10
9	2	21	1	2
10	4	11	—	8
11	3	21	—	8
12	1	5	—	6
13	—	5	—	5
14	—	8	—	4
15	—	7	—	—
TOTAL	24	142	4	63

TOTAL ... 233 = 2.3% of all school children.

VISION.

I am grateful for the co-operation of the staff of the West of England Eye Infirmary which helps us greatly in securing that the children with defective vision and other eye defects get adequate treatment and follow-up care.

889 children were referred by the school medical officers to the hospital eye service for refraction. These included 268 (133 boys and 135 girls) referred for the first time and glasses were prescribed for 195 (100 boys and 95 girls) of these 268 children: the standard for primary reference is visual acuity of 6/12 or worse in either eye (without glasses), poor near vision or symptoms suggestive of eye strain.

There is now no delay in securing spectacles for school children. Very considerable effort is expended in securing a satisfactory response by the children and parents in this matter.

797 children during 1954 obtained glasses (mostly changes, etc.), but only 18 are known to us as having got them outside the arrangements made by the department in conjunction with the Eye Infirmary.

Vision examination of six year old children.

Vision tests were carried out on 1,014 six year old children at 16 schools ; 155 children (80 boys and 75 girls) were found to have defective vision with 6/12 in either eye or worse.

123 children (65 boys and 58 girls) were referred for further observation by the school medical officers. The other 32 (15 boys and 17 girls) were sent to the West of England Eye Infirmary.

Of these, 25 (12 boys and 13 girls) had glasses prescribed, 3 girls did not attend, 2 boys had no glasses prescribed and 2 children (1 boy and 1 girl) attended private opticians.

Colour Vision.

During 1954, 454 children (303 boys and 151 girls) were given colour vision tests at their third-age group medical examinations by the Ishihara Colour Vision Testing Book. 25 boys were found to have defects, one of these being completely colour blind :—

Completely colour blind	1
Completely green blind	11
Partially green blind	3
Completely red-green blind	3
Partially red-green blind	6
Irregularly defective	1
Total defective	25

We have now purchased a Giles-Archer Lantern, and it is hoped that all children found to have defective colour vision will be re-tested by this method before they leave school, during 1955.

OPERATIVE TREATMENT FOR ADENOIDS AND CHRONIC TONSILITIS.

During the year 155 school children in maintained schools were known to us to have had their adenoids and/or tonsils removed, i.e. 1.6% of the school child population. I understand all the tonsillectomies are by " dissection." Our information about these children is more accurate than has been the case for some time as there is now much closer co-operation than formerly between the hospitals and ourselves in regard to the hospital care of all school children.

Year	No. of Operations	School Population	Operations per 100 Children
1954 ...	155	9,986	1.6
1953	121	9,682	1.2
1952	168	9,272	1.8
1951	213	8,930	2.4
1950	269	8,593	3.1
1949	175	8,315	2.1

Only 27 school children (11 boys and 16 girls) were known to the department as awaiting tonsil and/or adenoid operation on the 31.12.54.

Hospital Reports.

During 1954, 291 copy letters were received from the local hospital consultants, (153 from Royal Devon and Exeter Hospital, 111 from Princess Elizabeth Orthopaedic Hospital and 27 from the City Hospital) in respect of children referred to them direct by the child's own doctor. This information is most useful to the school medical officers and is much appreciated. We in the school health service are only too happy to reciprocate and have in fact passed over a good deal of information particularly in regard to home environment, to the hospital consultants concerned. Dr. Brimblecombe, the Paediatrician, has kindly given demonstrations to the health visitors and school nurses.

VACCINATION AGAINST SMALLPOX.

VACCINATION STATE AS OBSERVED DURING COMPLETE EXAMINATIONS IN 1954.

Entrants			Second Age Group			Third Age Group			Other Periodic			Special		
Yes	No	Not known	Yes	No	Not known	Yes	No	Not known	Yes	No	Not known	Yes	No	Not known
438	464	42	406	295	43	295	381	43	575	361	15	148	93	13
944			744			719			951			254		
3,612														

Total Vaccinated	1,862
Total Not Vaccinated	1,594
Total Not Known	156
TOTAL	3,612

52% of all school children examined by complete medical examinations during the year were found to have been vaccinated. Only when a satisfactory scar was observed was the child recorded as vaccinated.

OTORRHOEA.

During the year 23 children attended school clinics with suppurative otitis media ; 10 of these children had it for the first time, the remaining 13 being recurrent cases. In 2 of the cases the housing and/or home conditions were considered to be poor ; 5 of the 10 new cases and 6 of the 13 recurring cases had had their tonsils and/or their adenoids removed ; 1 of the recurring cases had had mastoidectomy (mastoid bone operation).

DEATHS.

Three Exeter children in the age group 5—15 years, died in 1954—a rate of .27 per thousand ; the rate for the country as a whole was (in 1953) .45 in this age group.

The causes of death were :—

Accidental—Drowned in the River Exe (1) Girl aged 9 years.

Pneumoccocal Meningitis—(1) Girl aged 9 years.

Accidental—Fell in front of a bus—(1) Boy aged 11 years.

AUDIOMETER TESTING.

As stated in last year's report, all the children in our schools known to be or suspected of being deaf were reported to this department in 1953 by the head teachers and 165 children were tested and examined by the school medical officers.

During 1954, a further 23 children, (15 boys and 8 girls) were given audiometric tests and were medically examined. Of these, 9 children, (6 boys and 3 girls) were found not to have defective hearing although 1 boy was recommended for speech therapy and another boy had wax removed. 5 children, (all boys) had some slight hearing loss but no treatment was considered necessary apart from removal of wax in one case. The following recommendations on the remaining 9 children were made :—

Referred to specialists	6	(3 boys and 3 girls)
Kept under observation	3	(1 boy and 2 girls)

During the year 2 children, (1 boy and 1 girl) were provided with hearing aids by the South West Regional Hospital Board. There are now 5 children, (3 boys and 2 girls) with hearing aids attending ordinary schools in the city. The senior technician of the Hearing Aid Department of the Royal Devon and Exeter Hospital has very kindly agreed to visit these children in their schools to make quite sure that they were using them correctly and also to ensure that they were seated to the best advantage in the class room. This is a most useful service and has been very much appreciated by all concerned.

YEAR ENDING 31st DECEMBER, 1954
REPORT OF THE PRINCIPAL DENTAL OFFICER.

(W. Crofts Arkle, L.D.S., R.F.P.S., GLASG.)

My annual report on the school dental service for the year 1954 is gratifying, inasmuch as the amount of work done is greater than in previous years and the qualified staff has remained constant at 3 full-time dental officers without any break in the continuity of service and without any changes of personnel. It still remains true, however, that a fourth dental officer is necessary and indeed, during the year, preliminary negotiations have taken place with a view to acquiring suitable accommodation for an additional dental clinic, and it is hoped that within the next six months, such may be established and fully staffed.

The outstanding event of the year was the opening of the new Health Clinic at Whipton by the Minister of Health, the Hon. Iain Macleod. Although this fine building is the responsibility of the Health Committee, the fully-equipped dental department is utilised most of the time for the benefit of the school service, and is greatly appreciated by all.

Dental Inspections.

At the request of the Ministry, which is very anxious that all school children should be examined annually, the number inspected in schools was increased to 7,832 which compares very favourably with the 2,404 so inspected in 1953. It should be stated that a proportion of the periodic inspections were conducted in the last quarter of the year. In addition there were 1,757 " special " cases who presented themselves at the clinics as a result of pain, obvious defects, or seeking advice only. As the school population at the present is 9,986, this means, allowing for absentees, one might say that all the children were inspected during the year under review.

Treatment.

Once again, the most gratifying aspect is the increase in the number of fillings, a total of 6,816 (6,300 in permanent teeth and 516 in temporary teeth). This total figure compares very favourably with previous years. (1953—4,759, 1952—2,950, 1951—2,073).

The number of teeth extracted remains more or less constant, but with the increase in the number of fillings, the ratio between the two figures is improved, which is a trend in the right direction, as the ideal is to reduce the number of extractions of permanent teeth to an absolute minimum and thereby conserve the natural dentition as long as possible.

Of the other operations (shown in Table V) 19 dentures were fitted to replace missing front teeth, 193 patients had their teeth scaled, 35 X-rays were taken and 1 gold inlay was fitted.

Orthodontia.

As before, such treatment was limited to selected cases. At the beginning of the year 79 cases were being treated, 21 new cases were added and 28 completed, leaving 72 still undergoing treatment at the end of the year. 40 removable appliances were fitted during the year.

General Remarks.

On the whole, the year 1954 can be regarded as satisfactory. The changes in time-table which I mentioned in my previous report were introduced during the year and the head teachers whom I have met have been unanimous in their approval of them.

Through personal contacts with the private practitioners in the city, at the local meetings of the British Dental Association, a much better relationship has come into being, which is very gratifying.

Within the dental profession, considerable discussion has taken place recently on the subject of fluoridation of public water supplies and the notable reduction of dental caries resulting therefrom. Opinion is divided, but the tests which have been carried out, chiefly in America, would appear to indicate that the results would be beneficial.

Oral hygiene among the children still leaves much to be desired, but it is the parents, and not the children, who must be held responsible. Active and continuous propaganda from all sources appears to be the only weapon available with which to fight this apathy, but with such, possibly coupled with fluoridation of water, we may yet see the day when the extraction of teeth in children will become something of a rarity.

As before, the services of Dr. Smith, Dr. Ward, Dr. Hinde and Dr. Whittles as anaesthetists were much appreciated by the dental staff and patients. Also, my thanks are due once again to the head teachers and their staffs for their co-operation throughout the year.

Age Distribution of Children Inspected and Referred.

Age in years.	Udr. 5	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Total
No. inspected in schools ..	31	380	860	770	823	802	808	780	700	702	616	431	118	8	3	7,832
No. referred for treatment ...	13	166	552	478	487	491	509	432	427	407	350	205	46	3	—	4,566

*Number of "Special" Examinations (i.e., "Casuals") = 1,757
(See also Table V, page 49.)

EMPLOYMENT OF SCHOOL CHILDREN.

During the year, 164 children (121 boys and 43 girls) were granted licences for part-time employment after being medically examined in accordance with the Authority's Bye-laws, to ensure that their health would not be impaired by employment of this kind. 92 children (72 boys and 20 girls) were also re-examined after working for between 3 and 6 months.

The Authority's Bye-laws do not permit any child under the age of 13 years to be employed, and no child shall be employed on school days except for one hour either between the hours of 5 p.m. and 7.30 p.m. or for the delivery of milk or newspapers before school between 7 a.m. and 8 a.m. On Saturdays and during school holidays children are permitted not more than five hours employment between 7 a.m. and 7.30 p.m. of which not more than 4 hours work is to be continuous; in addition an interval of one hour must be allowed between any 2 consecutive periods; a limit of 25 hours in any week is also imposed. Children may be employed on Sundays for not more than two hours between 8 a.m. and 10 a.m.

The Director of Education's department is responsible for ensuring that no children are employed without licences and that the terms of the licences are strictly adhered to.

No applications for employment were refused on medical grounds. The following table shows the type of employment taken up during the year by the 164 children with new licences.

TYPE OF EMPLOYMENT	*Boys*	*Girls*
Delivery of newspapers	96	20
Delivery of Groceries	6	—
Delivery of meat	7	—
Delivery of milk ...	2	—
Shop assistants (mostly at multiple stores)	—	19
Miscellaneous ...	10	4
TOTAL ..	121	43

Re-examinations showed no adverse effects.

HANDICAPPED PUPILS.

Educationally Subnormal.

During the year 89 children (52 boys and 37 girls) were examined by the school medical officers in regard to educational subnormality and mental development. Many of them had already been examined by the educational psychologist. The following recommendations were made :—

RECOMMENDATION	Boys	Girls	Total	RESULT
SECTION 34. Special education in an ordinary school	11	10	21	Remained in own schools.
Education in a special day school	14	9	23	Remained in own schools.
Education in a special residential school	5	7	12	Nil placed in special schools.
SECTION 57(3). Permanently excluded from school	2	1	3	2 attend Health Committee's (Day) Occupation Centre.
SECTION 57(5). Notified to the Health Services Committee for statutory supervision on leaving school	1	3	4	All placed under stat. supervision
Not considered to require statutory supervision on leaving school	19	7	26	
	52	37	89	

The recommendations made in relation to education are based on what is considered desirable and not what is practicable in Exeter, but, of course, what is practicable is what is carried out. Residential care has usually been advised because of severely adverse home circumstances or exceedingly disturbed behaviour. No children were admitted to special residential schools for educationally subnormal children during the year.

Unfortunately, the 4 places allocated to Exeter by the Devon Education Committee at Maristow House, near Plymouth, were not ready for use during 1954 owing to unavoidable delay in building extensions. It is now expected that 4 Exeter children will be admitted during the Summer term of 1955. It is also anticipated that at least some of the six additional places for (Exeter) educationally subnormal girls at Withycombe House, near Exmouth, will become available at the commencement of the Summer term, 1955.

TABLE SHEWING THE NUMBER OF HANDICAPPED PUPILS IN SPECIAL SCHOOLS OR HOMES AS AT 1st DECEMBER, 1954.

Disability	Total No. of children classified as handicapped as at 1-12-54	Special School or Home	Resd.		Non Resd.		Total No. of children attending Special Schools or Homes	Total No. of children awaiting admission to Special Schools or Homes
			B.	G.	B.	G.		
Blind	3	Sunshine Home, Abbotskerswell	1	1	—	—	3	—
		Swiss Cottage Blind Sch., Dorton Hse., Nr. Aylesbury	1	—	—	—		
Partially Sighted	17	West of England School for the Partially Sighted, Exeter	3	1	6	7	17	—
Deaf	3	Royal West of England School for the Deaf, Exeter	—	—	3	—	3	—
Partially Deaf	6	Royal West of England School for the Deaf, Exeter	—	—	5	1	6	—
Physically Handicapped	42	John Capel Home, Essex	—	1	—	—	5	1
		Bleasdale Hse. Sch. Lancs	1	—	—	—		
		Heritage Craft School, Chailey, Sussex ...	1	—	—	—		
		Dame Hannah Rogers Sch. for Spastics, Ivybridge	—	1	—	—		
		St. Loyes College, Exeter	—	—	—	1		
Epileptic	1		—	—	—	—	—	1
Educationally Subnormal	224	All Souls' Special School, Hillingdon, Middlesex.	—	3	—	—	9	116
		Bradfield Special School, Devon	3	—	—	—		
		Besford Court Special School, Worcester ...	1	—	—	—		
		Withycombe Hse. Special Sch., Exmouth, Devon	—	2	—	—		
Delicate	96		—	—	—	—	—	—
Maladjusted	140	The Gables, Willand, Devon	—	1	—	—	5	—
		Horncastle Sch., Sussex	1	—	—	—		
		Alresford Place School, Hants	1	—	—	—		
		Monkton Wilde School, Dorset	—	1	—	—		
		Mooraway Hse., Manaton	—	1	—	—		
TOTAL	532		13	12	14	9	48	118

PHYSICALLY HANDICAPPED CHILDREN.

There are 42 physically handicapped pupils known to the department (38 in December, 1953) at the end of the year. Their age grouping, sex distribution, mode of education and ability to play games and take part in ordinary physical exercises are set out in the table. We are fortunate that at the end of the year only 1 child (girl—cerebral palsy) for whom residential accommodation was necessary, was still awaiting admission.

	Sex		Age Group				Education						Able to take P.T. and Games	
	Boys	Girls	Under School Age	Infs.	Jnrs.	Snrs.	Under School Age	In Hospital School	In Special School	In Training College	Ordinary School	Home Tuition	Mod.	Nil.
1. Cerebral Palsy	4	6	—	2	2	6	—	—	3†	2	5*	—	4	6
2. Heart : Congenital ...	6	2	—	—	7	1	—	—	1†	—	5	2	1	7
Rheumatic	1	2	—	—	1	2	—	—	—	—	3*	—	1	2
Congenital & Rheumatic	—	1	—	—	—	1	—	—	—	—	1	—	—	1
3. T.B. Joints	1	3	—	—	3	1	—	—	—	—	4	—	—	4
4. Poliomyelitis Sequelae	3	5	2	1	3	2	2	—	1	—	5*	—	1	7
5. Other Congenital Defects ...	1	3	—	2	1	1	—	—	—	—	4	—	4	—
6. Others	3	1	—	—	1	3	—	1	1	1	1	—	1	3
Total ...	19	23	2	5	18	17	2	1	6	3	28	2	12	30

Three of the above cases have other defects : 2 children (1† girl and 1† boy), are also partially sighted, attend the School for Partially Sighted Children as day pupils; and transport to and from school is provided. 1 boy† also shews major epilepsy. In addition to the two children referred to above, transport to and from school once a day was provided for 4 other children (3* girls and 1* boy).

TRANSPORT.

During 1954, eleven children were allowed daily transport to school : two (one girl and one boy) both cases of spastic paralysis to the West of England School for the partially sighted ; one boy (congenital deformities) to St. Loyes College ; and 8 to ordinary schools including one girl (after hospital treatment for T.B. hip). two boys (rheumatic heart disease) one girl (osteomyelitis heel bone) three girls (all spastics) and one boy (broken leg).

Special efforts are being made to enable the less severely physically handicapped child to remain in his own home and attend an ordinary school, and also to enable the child who is temporarily incapacitated—generally as a result of an accident—to avoid interruption of his schooling.

The assessment of a child's suitability is an individual one and the school medical officer discusses each case with the child's parents, family doctor and specialist where necessary, and the head teacher before arrangements are made for the child to be admitted to an ordinary school. Where possible the child is sent to a school where the class-rooms are on the ground floor and there is easy access to sanitary accommodation.

Transport for the ambulant handicapped child has much in its favour when compared with home tuition and residential special schools. First, and most important of all, it prevents withdrawal of the child from his normal environment and the security of his own home without serious effect on his education, and secondly, of less importance, the cost of transport to the Authority is negligible in comparison with special schooling.

The head teachers in Exeter give the utmost consideration to these special cases ; we find that the normal child likes to help his less fortunate companions, and there can be no doubt that the handicapped child benefits socially and medically from the environment of an ordinary school. I believe that still greater use will be made of this method of enabling the handicapped child to attend an ordinary school in the future.

SCHOOL LEAVING MEDICAL REPORTS.

During 1951 arrangements were made whereby the school medical officers sent information to the family doctors on children leaving school who were physically handicapped. The family doctors were also informed whether the child had been reported to the Youth Employment Officer for registration under the Disabled Persons (Employment) Act, 1944. Unfortunately, however, this service lapsed owing to the pressure of other work. It was started again during the latter part of 1954 and every effort will be made to ensure that relevant information which has been accumulated during the child's 10 or more years under the School Health Service is passed on to the family doctor. Close co-operation with the Youth Employment Officer regarding suitable employment for these children has been maintained over a number of years.

EPILEPTICS.

There are 7 boys and 13 girls who are known epileptics attending ordinary schools in the city. 7 new cases, (3 boys and 4 girls) were reported during the year.

Sex	Total	AGE			EPILEPSY			Has been in special school	Rec. for special school	Have had hospital investn.	Satisfactory medication
		5-7	7-11	11-15	Minor	Major	Both minor and major				
Boys	9	3	3	3	3	5	1	—	1	9	8
Girls	13	2	7	4	4	8	1	1	—	13	13

Included in the above table are 2 cases suffering from other defects (1 boy with congenital heart disease attending a residential special school for physically handicapped children and 1 girl with cerebral palsy).

	INTELLIGENCE QUOTIENT.			
	60-70	70-85	85-100	Not reported to be retarded
Boys	1	1	—	7
Girls	2	—	2	9

Excluded from school owing to psychotic disturbances and in hospital 1
(A special report on this case was submitted to the Ministry of Education).

In special schools .... None

Home Tuition.

Home tuition was arranged by the Authority for six children (with various defects as set out below) during the year : this is an important service and contributes materially to the health of the children.

1 (girl) rheumatic heart ; 1 (girl) congenital deformities ;
2 (boys) congenital heart disease ; 1 (boy) acute nephritis ;
1 (boy) maladjusted and epileptic.

Two of these children, (both girls) were able to resume normal schooling after a period of home tuition.

Further Education.

During the year 105 students (88 girls and 17 boys) from the Central Technical College were medically examined. 75 (58 girls and 17 boys) had complete examinations and 30 (all girls) had re-examinations. 38 (34 girls and 4 boys) were found to require treatment mainly for skin disorders, vision defects and nose and throat conditions.

As many of the students at the Central Technical College live outside Exeter and quite often have to leave home early in the morning an investigation into the taking of school meals at the college was carried out and 73 girls were asked about their usual practice. Some of them stated they had meals about four times a week (after seeing the week's menu !), some took them occasionally when the menu suited them, others cut out school dinners altogether in order to have more time for games, or for spending the money otherwise.

The matter was discussed with the School Meals' Organiser and every effort will be made to encourage the girls to have school meals more often in the future. It is understood that one complaint is that the meals are not very hot : But this is being dealt with.

Of the 73 girls :—

9 had school dinners regularly ;
32 had school dinners when the menu suited them ;
17 always carried sandwiches ;
15 had dinners either at home, with relatives or in cafes, (these were mostly Exeter girls).

Medical Examination of Entrants to Courses of Training for Teaching and to the Teaching Profession—Ministry of Education Circular 249.

In accordance with the instructions contained in the above Circular, 67 students (48 women and 19 men) and 1 teacher (a woman) had complete medical examinations with radiographic examinations during the year in regard to their fitness for the teaching profession. This is almost double the number examined in 1953 and is a very substantial addition to the department's work.

CHILD GUIDANCE CENTRE.

(Report of Dr. H. S. Gaussen, Psychiatrist-in-charge).

The figures and tables below give some idea of the numbers involved in the child guidance service. They do not however tell the nature or quality of the work and some notes on the actual clinical task must supplement the statistics.

It will be clear that when an effort is made to restore normal development, the community as well as the individual child is concerned. In this clinic a child is, as it were, in a little world represented by the child guidance team, and the immediate surroundings and apparatus etc.; and in establishing a satisfactory relationship between him and this little world we are enabling him to come to terms with the larger community outside. If the ties which hold the individual child in his place in home, school or society can be restored and stabilized, his mental health will be restored—the child out of touch is the child who gets lost.

Our work then, lies in the field of mental health and of preventing mental ill-health. It has to do with people all the time and people who are in trouble. We find that we have to give first-aid sometimes to those grievously wounded in their minds or to repair the damage as far as possible which has been done by some dreadful experience or deprivation. We have also to teach that mental health matters, and that young and growing minds cannot be subjected to excessive strain without ill-health developing in the future.

Forming a part of the effort to achieve healthy minds in healthy bodies, child guidance is in the first line of defence against the disrupting forces always at work in the community. These forces bring about the disintegration of families, setting the scene for neurosis and delinquency. For nothing is clearer than that these two major problems of our modern world flourish on the breakdown of the family.

In my report last year, I mentioned the commencement of an experiment in our city schools in which certain children were placed in adjustment classes. This pilot work has completed a first year, and has, in my opinion, amply justified the time, trouble and expense involved. In these classes, mildly maladjusted children have been developed and strengthened, who might otherwise have broken down needing long and patient curative treatment.

Finally, and now that we are in our eighth year as a team, it is encouraging to report that we have all come across former child patients of the centre now out in the world and doing well in various jobs around the city.

Child Guidance Centre—Statistical Report for 1954.

1. Number of cases on the books on 31st December, 1953 120
2. Number of cases awaiting investigation on 31st December, 1953 6
3. Number of cases investigated but awaiting treatment on 31st December, 1953 30
4. Number of new cases referred during 1954 77

   Source of reference :

(a)	Juvenile Court	1
(b)	School Medical Officers	37
(c)	Private Doctors	8
(d)	Head Teachers	16
(e)	Parents	6
(f)	Others	9

5. Number of old cases re-opened during 1954 7
   - (a) 3 children began pilfering—2 after cases had been closed by parents ;
   - (b) 1 child became depressed—after case had been closed by parent ;
   - (c) 1 child began soiling badly ;
   - (d) 1 child was found still to be timid, a poor mixer and to suffer from diurnal enuresis. (Case had been closed by parent) ;
   - (e) 1 child returned to city.

6.	Number of new cases investigated during 1954	65
7.	Number of other cases investigated during 1954	6
8.	Number of cases treated for the first time during 1954	48
9.	Total number of children seen during 1954	185
10.	Total number of attendances during 1954	1,091
11.	Total number of cases discharged during the year	64

Reason for discharge :

(a)	Treatment completed (see below)	43
(b)	Unsuitable for treatment (mental dullness)	3
(c)	Defaulted	3
(d)	Left city	6
(e)	Other reasons	9

(a) *above.*	*results*
Satisfactory	14
Improved	25
No change	4
Worse	—

12.	Number of cases remaining on the books on 31/12/54	140
13.	*Number of new cases awaiting investigation on 31/12/54	9
14.	†Number of new cases investigated but awaiting treatment on 31/12/54	38

*10 cases, included in No. 11 above, were closed before diagnosis : 1 left the city (d), and 9 were discharged for other reasons (e).

†15 cases, included in No. 11, were closed after diagnosis : 9 treatment completed (a), 3 unsuitable for treatment (b), 1 defaulted (c) and 2 left the city (d).

Total number of sessions :	Psychiatrist	184
	Psychologist	184
	Psychiatric Social Worker	(Full time)

INTERVIEWS :

PSYCHIATRIC.

(i)	Diagnostic	68
(ii)	Parents and others	149
(iii)	Remedial treatment	485
(iv)	Visits : (a) School	1

PSYCHOLOGIST.

(i)	Diagnostic and testing	81
(ii)	Parents and others	105
(iii)	Remedial treatment	433
(iv)	Visits : *(a) School visits (re C.G. cases only)	10
	(b) Home visits ,, ,, ,, ,,	2

*It is customary for the psychologist, when visiting any school for educational purposes, to enquire briefly about all child guidance cases in the school.

PSYCHIATRIC SOCIAL WORKER.

(i)	Therapeutic interviews at centre		702
(ii)	Remedial treatment		202
(iii)	Visits :	(a) School visits	6
		(b) First visits to homes	64
		(c) Subsequent visits to homes	54
(iv)	Others		16

SUMMARY OF RECOMMENDATIONS : Children involved = 74

Diagnostic and advice only needed	9
Periodic survey and superficial treatment	14
Residential placement advised	6
Long term treatment by psychiatrist	3
Long term treatment by psychologist	7
Long term treatment by psychiatric social worker	3
Placed on treatment waiting list	29
Still under investigation	3

CHILDREN UNDER TREATMENT ON 31/12/54.

Regular treatment by psychiatrist	14
Regular treatment by psychologist	13
Regular treatment by psychiatric social worker	8
Treatment waiting list by psychiatrist and psychologist	38
Superficial treatment by psychiatrist	21
Superficial treatment by psychologist	11
Survey while residentially placed	9
Kept open but no active treatment at present	17
Still under investigation	3

SPEECH THERAPY.

(Report by Miss M. A. McGovern, L.C.S.T.)

The aim of speech therapy is to enable the speech defective child to speak normally in his own environment ; poor voice production unless pathological in origin, and variations of dialect are therefore not treated in this clinic.

With the possible exception of the sound " S " a child in the early years of babbling and gurgling utters every sound he is likely to use in speech and it follows that when a dyslalic child comes to the clinic he is not taught anything ; he may in fact conclude his attendances at the clinic having done very little of what is termed direct speech work. Steps are taken to ascertain the cause of the defect and whether this be physical or emotional there will, in some children be need for muscular re-education in the later stages of treatment, but the case where a few exercises will cure the defect is the exception and not the rule. Of the 66 children at present under care only 7 have a purely physical cause for their defects and even these have a strong emotional element in that each differs from the normal. Of the remaining 59 cases, 11 have been discussed with the child guidance team and I much appreciate their co-operation and help. If an emotional disturbance, accompanying a speech defect, is very deeply rooted as in the case of a persisting anxiety, child guidance is necessary to effective therapy.

I am most grateful to the educational psychologist for the privilege of attending the intelligence testing of three speech defective children where the result has assisted in a differential diagnosis. A speech defective child may be retarded at school but will not necessarily be of low intelligence. Very low intelligence presents its own particular speech difficulty but is rarely the cause of an abnormal speech pattern. Stammering children are often backward in reading and during the past year I have assisted them with this problem as an aid to increasing confidence. The 12 stammerers, from junior and senior schools, receiving regular treatment, show an average retardation of one year three months in their reading ability on the Burt Word Reading Test Scale.

Very few pre-school children have been referred during the year. Slow speech development in nervous and insecure children points to a potential defect. Many parents become over anxious and either urge the child to a pattern of speech beyond his capacity or speak to him in his own garbled version of sounds, both of which have adverse effects on speech development. Advice to parents between the child's fourth and fifth year may inhibit the onset of a defect or at least render it less severe before the child is presented with the burden of adjustment to school life. Co-operation of parents is an integral part of the treatment. While this is for the most part obtained, it is interesting to note that there has been a marked increase in parental co-operation in the Whipton district since the clinic has been removed from the school to the new Health Clinic. I think that this is so because when clinics are held in a school, despite explanations to the contrary, parents adhere with great tenacity to the idea that treatment is connected with lessons and is therefore out of their sphere. Since the new clinic opened, mothers (some of whom had previously ignored requests to attend for an interview at the school) have attended regularly, taken a greater interest in the children's progress and realised effectively the importance of their co-operation.

The tape recorder is still proving a valuable piece of equipment and could prove more so if the clinics were centralised and every dyslalic child had the opportunity of hearing his own speech and progress in the process of overcoming his difficulties. Recordings of speech both before and after treatment were demonstrated at the Bath and West show in June.

Two prospective speech therapy students visited clinics during the year and also two nurses who formed part of a deputation from Yugoslavia studying the Health Service in this Country.

During the year 1954 a complete review of the speech therapy centres was made and sessions are now held at the following centres :—

Child Guidance Centre, St. David's Hill	Monday, all day.
Merrivale Road Community Centre	Tuesday a.m.
Countess Wear Junior Mixed School	,, p.m.
Bradley Rowe Junior Girls' School	Wednesday, a.m.
Cowick Street Community Centre	,, p.m.
Health Clinic, Whipton	Thursday, all day.
Child Guidance Centre, St. David's Hill	Friday, all day.

Total number of sessions during the year	338
Total number of attendances during the year	1,559

Analysis of the cases treated during the year and their progress :—

DEFECT	Having treatment 1-1-54	Admitted	Total No treated	Discharged		Still on List			Remaining under care 31-12-54
				Cured	Left before completing treatment	Temporarily discharged and Improved	Improved *	No change	
Stammering	35	2	37	14	3	7	17	3	20
Simple Dyslalia	17	7	24	12	2	3	9	3	12
Multiple Dyslalia	29	8	37	14	—	5	19	2	21
General Dyslalia .	3	1	4	—	—	—	4	—	4
Language Defects	—	1	1	—	—	—	1	—	1
Dysphonia ..	3	1	4	2	—	—	2	—	2
Dysarthria	—	1	1	—	—	—	1	—	1
Cleft Palate	6	—	6	2	1	—	2	1	3
Hyper-rhinophonia	—	1	1	—	—	—	1	—	1
Lip Reading ..	—	1	1	—	—	—	1	—	1
TOTALS .	93	23	116	44	6	15	57	9	66

*These figures include those temporarily discharged.

Analysis of the cases treated during the year (Grouped by age, sex and defect) attending school age group :—

DEFECT	Total treat-ed.	PRE-SCHOOL		INFANTS		JUNIOR		SENIOR		Severely handicapped children not attdg. sch.	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Stammering . ..	37	—	—	2	1	16	4	11	3	—	—
Simple Dyslalia	24	—	—	3	—	10	7	3	1	—	—
Multiple Dyslalia ...	37	2	—	12	4	6	8	4	1	—	—
General Dyslalia ...	4	1	—	—	—	1	—	—	—	—	2
Language Defects	1	—	—	—	1	—	—	—	—	—	—
Dysphonia	4	—	—	—	—	—	—	1	2	1	—
Dysarthria	1	—	—	—	—	—	—	—	—	—	1
Cleft Palate ...	6	—	—	—	1	1	1	—	3	—	—
Hyper -rhinophonia	1	—	—	—	—	—	1	—	—	—	—
Lip Reading	1	—	—	—	—	—	—	—	1	—	—
TOTALS	116	3	—	17	7	34	21	19	11	1	3

In Dyslalia one sound is substituted for another.
In Dysphonia the pitch of the voice is affected.
In Dysarthria there is difficulty in articulation.
In Hyper-rhinophonia the speech is excessively nasal.

INFECTIOUS DISEASES.

Incidence of certain Infectious Diseases in 1954 in children (Exeter Residents) 5-15 years of age.

(Corrected for change of diagnosis).

DISEASE	BOYS	GIRLS
Scarlet Fever	30	21
Whooping Cough	40	54
Measles	53	61
Pneumonia	2	1
Dysentery	73	68
Food Poisoning	2	—
Poliomyelitis (Paralytic)	—	—
,, (Non-Paralytic)	—	—
Meningococcal Infection	—	—
Diphtheria	—	—
Tuberculosis—Respiratory	3	3
,, Non-Respiratory	1	2
*Gastro-Enteritis	1	1
Erysipelas	1	—
Puerperal Pyrexia	—	1

*Not notifiable : the figures refer to cases known to the department, mainly by informal notification.

These figures refer to all children of school age whether in maintained or independent schools. Measles show a considerable decrease compared with 1953, there were also fewer cases of scarlet fever ; more dysentery cases occurred.

Scabies.

It is satisfactory to note that there were no cases of scabies reported during 1954.

YEARLY INCIDENCE OF SCABIES, 1949 - 1954.

Year.	*Families.*	*Cases.*	*School Population.*
1954	—	—	9,986
1953	1	2	9,682
1952	4	6	9,272
1951	4	13	8,930
1950	3	4	8,593
1949	8	13	8,315

CHILDREN'S ABSENCES FROM SCHOOL OWING TO ILLNESS.

As was stated in my report for 1953, the causes of absences through illness shewn in the tables are submitted weekly on Fridays (and the last day of term) by the head teachers and school inquiry officers ; medical certificates are not generally required ; some children, therefore, absent owing to long illness, are included more than once ; other children, absent only a few days, may not have been included. **The figures, therefore, shew trends rather than a precise statement of the amount of illness at any time.**

The greatest single cause of absence throughout the year was again the common cold, followed by influenza, biliousness and sore throats. There was an epidemic of influenza towards the end of the Autumn term and during the last week of the term 2,097 children, (21% of the school population)—965 of them with influenza—were absent from school owing to illnesses. This is the highest number absent in any one week for several years. This epidemic of influenza spread very rapidly and affected the adults later—it was found to be due to influenza virus B. It will be noted that details of the following diseases have been added to this year's figures :— german measles, mumps, and dysentery. The limitations of this form of statement are obvious, but so far as it goes, it suggests that whooping cough, biliousness and chicken pox were less prevalent whilst absences owing to sore throats, eye and ear defects, influenza and accidents were more frequent than in 1953.

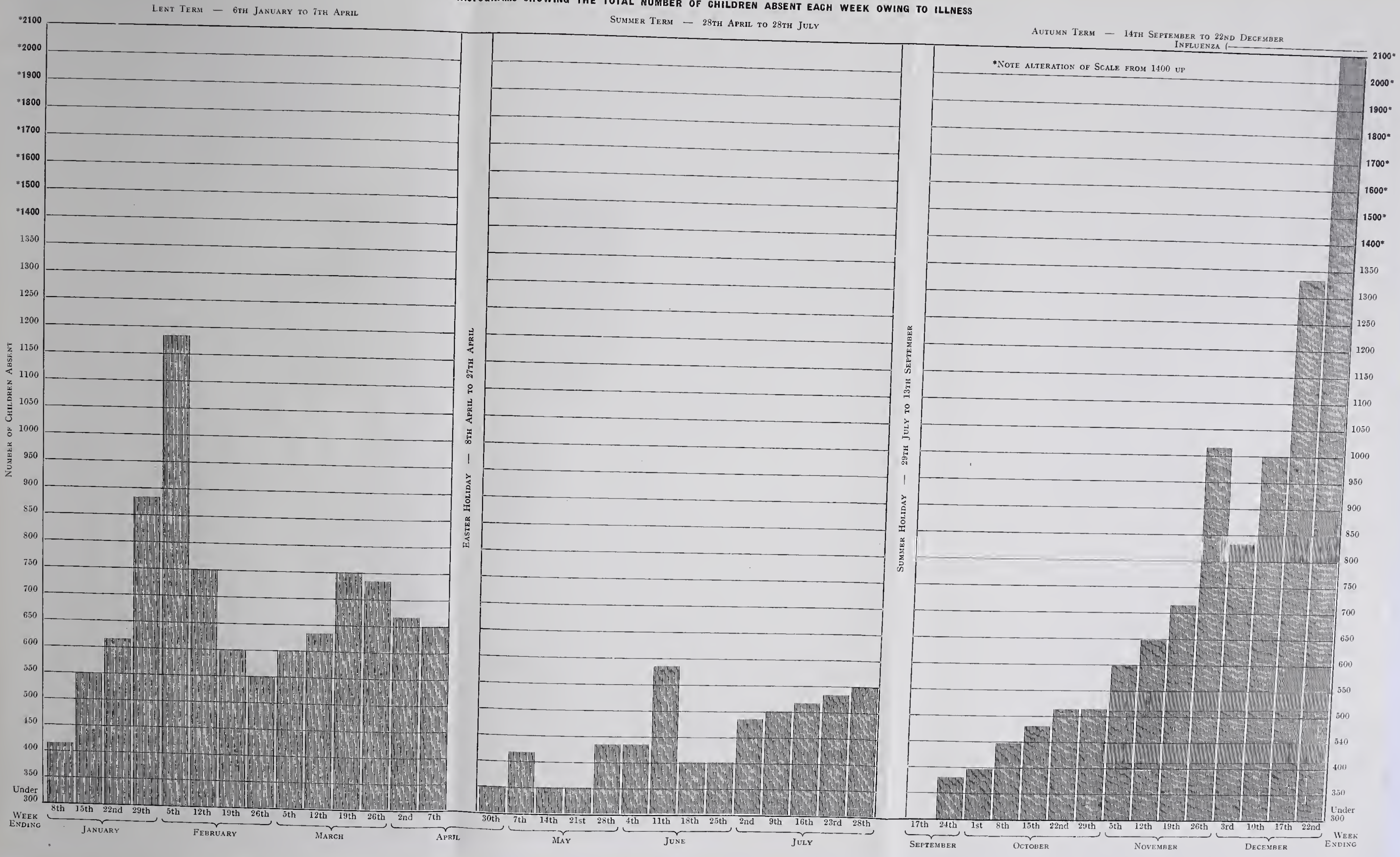
The greatest number of children absent in any of the three school terms was in the Autumn term (influenza) : in 1953 it was in the Lent term (measles).

STATISTICAL TABLE SHOWING MAIN CAUSES OF CHILDREN ABSENT FROM SCHOOL DURING THE PERIOD 1st JANUARY—31st DECEMBER, 1954.

WEEK ENDING	Colds	Biliousness	Sore Throats, etc.	Eye and Ear	Influenza	Whooping Cough	Measles	German Measles	Chicken Pox	Mumps	Accidents	Dysentery	Miscellaneous	Total No. of children absent on account of illness
8.1.54	199	29	39	22	10	2	2	4	19	1	2	—	86	415
15.1.54	248	48	47	26	32	1	3	21	24	1	1	—	101	553
22.1.54	289	58	46	39	36	4	3	28	23	1	2	—	90	619
29.1.54	402	71	77	32	47	5	4	52	26	1	11	—	148	876
5.2.54	682	70	68	50	61	5	3	49	16	1	4	—	169	1,178
12.2.54	383	57	56	34	47	5	5	31	24	1	—	—	114	757
19.2.54	266	50	49	24	33	5	6	36	31	—	2	—	89	591
26.2.54	200	32	31	32	36	5	6	42	51	1	5	—	100	541
5.3.54	205	34	39	21	25	5	5	136	44	1	5	—	88	608
12.3.54	173	36	37	23	18	4	7	215	33	—	7	—	69	622
19.3.54	228	35	35	27	22	7	6	206	53	—	3	31	88	741
26.3.54	150	63	41	27	30	7	6	198	50	1	6	58	88	725
2.4.54	144	53	33	29	8	13	5	173	33	—	6	62	101	660
7.4.54	117	38	45	29	9	18	5	163	34	—	11	78	97	644
EASTER HOLIDAY from 8th—27th April, 1954.														
30.4.54	87	26	21	14	4	3	3	43	41	1	6	36	69	354
7.5.54	107	31	19	15	—	2	—	33	17	1	8	28	154	415
14.5.54	126	42	20	15	6	6	—	21	15	3	4	16	80	354
21.5.54	117	36	30	26	3	3	—	34	11	1	9	20	59	349
28.5.54	137	55	28	25	4	13	—	36	18	8	11	20	80	435
4.6.54	116	43	33	23	4	9	—	28	19	5	19	31	103	433
11.6.54	132	47	34	33	3	11	7	21	22	10	6	27	228	581
18.6.54	90	49	25	24	4	13	7	21	30	40	6	28	72	409
25.6.54	112	37	34	22	9	11	3	10	46	17	12	22	72	407
2.7.54	98	37	25	9	3	13	1	11	39	46	8	17	173	480
9.7.54	115	37	25	14	4	9	1	4	18	61	13	12	181	494
16.7.54	122	29	33	15	22	11	1	3	20	52	9	11	184	512
23.7.54	93	28	33	19	9	15	1	5	26	85	14	7	186	521
28.7.54	75	27	45	12	5	12	3	4	18	82	10	7	244	544
SUMMER HOLIDAY from 29th July to 13th September.														
17.9.54	63	27	27	9	3	5	6	7	2	10	10	—	76	245
24.9.54	90	47	25	13	5	3	4	2	5	13	10	—	160	377
1.10.54	132	29	27	7	18	4	1	3	6	23	5	—	140	395
8.10.54	123	41	20	17	22	4	3	4	6	44	7	—	170	461
15.10.54	135	48	35	12	29	5	14	—	2	21	5	—	172	478
22.10.54	118	45	33	15	31	5	13	1	3	46	6	—	204	520
29.10.54	128	46	40	12	41	7	12	1	4	38	8	—	180	517
5.11.54	173	61	33	9	43	8	10	3	3	52	7	—	196	598
12.11.54	185	50	36	20	50	5	9	1	3	64	5	—	224	652
19.11.54	210	56	44	22	47	13	13	—	4	56	5	—	256	726
26.11.54	297	59	56	26	125	8	12	—	10	82	4	—	344	1,023
3.12.54	238	76	40	16	89	18	9	—	9	64	2	—	275	836
10.12.54	267	64	43	14	78	26	26	2	14	70	5	—	387	996
17.12.54	393	60	60	20	332	27	37	1	21	107	7	—	267	1,332
22.12.54	482	85	47	24	965	21	24	—	31	104	2	—	312	2,097
TOTALS	8,247	1,992	1,614	917	2,372	376	286	1,653	924	1,215	288	511	6,676	27,071

1954.

HISTOGRAMS SHOWING THE TOTAL NUMBER OF CHILDREN ABSENT EACH WEEK OWING TO ILLNESS



TUBERCULOSIS.

SCHOOL CHILDREN SUFFERING FROM TUBERCULOSIS AS ON REGISTER.

Position 1st January, 1954.

	Pulmonary		Bones and Joints		Cervical Glands		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
Children attending maintained primary and secondary schools	21	9	2	3	4	2	2	1	29	15
Children attending a special school	2	1	—	—	—	—	—	—	2	1
Not attending school	—	—	—	—	—	—	—	—	—	—
Children in hospital	—	1	—	—	—	—	—	—	—	1
TOTALS	23	11	2	3	4	2	2	1	31	17

Changes during 1954.

	Pulmonary		Bones and Joints		Cervical Glands		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
New notifications during 1954	3	2	—	1	1	1	—	—	4	4
Notified children reaching 5 years of age during year	—	1	—	—	—	—	—	—	—	1
TOTALS	3	3	—	1	1	1	—	—	4	5
Cases leaving school during the year	1	3	1	—	—	—	1	—	3	3
Cases removed from register	—	—	—	—	1	—	—	—	1	—
TOTALS	1	3	1	—	1	—	1	—	4	3

Position 31st December, 1954.

	Pulmonary		Bones and Joints		Cervical Glands		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
Children attending maintained primary and secondary schools	24	11	1	4	4	3	1	1	30	19
Children attending a special school	1	—	—	—	—	—	—	—	1	—
Not attending school	—	—	—	—	—	—	—	—	—	—
Children in hospital	—	—	—	—	—	—	—	—	—	—
TOTALS	25	11	1	4	4	3	1	1	31	19

In all the new notifications of pulmonary tuberculosis during the year there was history of contact with known open cases. None is known to have had a positive sputum, and none was referred by the Mass Radiography Unit. No child with positive sputum is in attendance at any of our schools. One child was taken off the register during the year as having recovered.

MASS MINIATURE RADIOGRAPHY OF SCHOOL CHILDREN.

During 1954 2,573 school children were X-rayed by the Mass Miniature Radiography Unit. These included 865 children born in 1941 examined in connection with the B.C.G. vaccination scheme in October. At the same time 1,263 school leavers were X-rayed.

In May 445 school children were examined mostly in relation to 2 schools where in each of which a teacher had been found to be infected and open cases.

The teachers co-operated splendidly and many of them were X-rayed themselves.

Only 1 case of suspected tuberculosis was found and in the end this was proved not to be so, but to be bronchiectasis.

A recent Medical Research Council Report shews the small proportion of school children likely to be found to be suffering from pulmonary tuberculosis by mass miniature radiography.

PREVENTION OF TUBERCULOSIS, 1954.

Tuberculin Testing and B.C.G. Vaccination of Exeter School Children Born during 1941.

As this is the first such effort in the city I am setting out our procedure in detail.

Procedure.

Towards the end of 1953 the Exeter Education and Health Committees approved, in principle, the tuberculin testing, X-ray, and where necessary, B.C.G. (anti-tuberculosis) vaccination, subject to parental consent, of all the children in the city between the ages of 13 and 14 years, in accordance with Ministry of Health Memorandum 324/B.C.G.

After preliminary discussions with the medical staff, and the chest physician, and the director of the Mass Miniature Radiography Unit, (Dr. G. Sheers) it was decided :—

(i) The arrangements could best be carried out by the staffs of the school health department and chest clinic ;

(ii) Two school medical officers should deal with the Exeter Education Committee's schools and the chest physician should deal with the independent schools ;

(iii) The testing and vaccination should be carried out at the schools ;

(iv) Only those children whose parents accepted ALL the tests should be included in the survey ;

(v) All the children included in the survey should attend the Mass Miniature Radiography Unit for a chest X-ray ;

(vi) Children who had been either (a) recently in contact with a tuberculous person or (b) had themselves been notified cases of tuberculosis, should be dealt with by the chest physician ;

(vii) The school medical officers should each attend a week's course on B.C.G. vaccination at Cardiff, (one of the centres approved by the Ministry of Health) before the scheme started. We are indebted to Dr. W. Powell Phillips, O.B.E., (Medical Officer of Health, Cardiff) for his help in this regard ;

(viii) It was essential to obtain the support of the teaching staff.

Meetings were therefore arranged in May, 1954, between the medical officer of health and the head teachers of both the maintained and independent schools. With the exception of 2 small independent schools, all agreed to take part in the survey. These meetings were very successful and the unanimous support of all the head teachers was obtained ; the procedure as agreed and carried out, in fact, is set out below :—

(i) The Autumn term was considered the best time for the tests to be carried out ;

(ii) From an administrative point of view it was considered preferable to include the children born between the 1st January, and the 31st December, 1941, rather than children between 13 and 14 years ;

(iii) The head teachers agreed to send to the medical officer of health a list of these children by the 16th June ;

(iv) On receipt of the lists the medical officer of health sent a letter to each parent : in this he gave a general outline of the object of the survey, and requested the parents to give their consent to the tuberculin testing, X-ray examination, and B.C.G. vaccination (if necessary) ; the parents were also asked to give details of any relevant medical history, e.g. any family history of tuberculosis ; contact with tuberculous persons during the past 3 months ; any history of chest trouble, eczema, asthma, etc. (The wording of the letter and consent form had been discussed and approved at the meetings) ;

(v) The letters to parents were forwarded to the head teachers for distribution with a request that they should be returned by the parents to the head teachers within 14 days ; the head teachers then forwarded them " en bloc " to the medical officer of health ;

(vi) Each consent form was checked and cases with doubtful histories, including asthma and eczema, were referred to a medical officer for consideration. Children with histories of chest trouble, contact with tuberculosis, or who were themselves notified cases of tuberculosis, were referred to the chest physician ;

(vii) The Mass Miniature Radiography Unit came to Exeter in October, as it has done annually, for educational groups, and included in its survey as in previous years the children who were in their last year at school, and also by arrangement, all the children who were now to take part in the tuberculin testing and B.C.G. scheme. The preliminary tuberculin tests had in fact been carried out before the mass miniature unit was able to report on its findings and it was not possible, (owing to the need to synchronize the unit's visit with the first few days of the University College academic year) to arrange this better. But we may be able to do so next year. This year (1955) however, the unit may find it difficult to include the school leavers, but I hope it may be possible to do so, despite the rarity with which tuberculous conditions are found in this age group ;

(viii) Maintained schools were split into two groups, Dr. J. H. Whittles with a nurse and a clerk carried out the testing of the boys at the schools and Dr. I. V. Ward with a nurse and a clerk dealt with all the girls in their schools ;

(ix) The school medical officers applied the Heaf's Multiple Puncture test using the Heaf apparatus, (Allen & Hanbury) set at 1 mm., with P.P.D. tuberculin ; the result of the tests were read 72 hours later. The chest physician used the Mantoux test using old tuberculin 1/1,000 ; the results were read 48—72 hours later in all his cases ;

(x) The negatives were immediately vaccinated, the school medical officers using divided doses (2 insertions each of .05 cc. B.C.G. vaccine) intradermally and the chest physician using a single insertion of .1 cc. B.C.G. vaccine ;

(xi) All the negative reactors were given B.C.G. vaccination at the time of reading the tuberculin test and also a letter of explanation and advice to their parents ;

(xii) The post vaccination tuberculin tests were carried out 7½ weeks (Heaf) and 8 weeks (Mantoux) respectively after B.C.G. vaccination. These tests were read 72 hours later, except for some of the Mantoux tests which were read 48 hours later ; a small number of the independent school children were tested post-vaccinally by the tuberculin jelly test ;

(xiii) After all the schools had been visited, special sessions at the school and chest clinics were held for absentees, and at the end, only 19 out of 917 children whose parents had given consent had not been tested, mostly because they had either left Exeter or had been continuously absent owing to illness. The first session was held on the 28th September and the last on the 16th December ;

(xiv) It should be mentioned that in one boys' secondary modern school earlier in the year, a teacher had been found suffering from the disease, and a number of the boys in certain classes had been tuberculin tested and (if negative) vaccinated by the chest physician. Those who were in the age group (i.e. born in 1941) were counted in our survey ; the others in the school of this age group who had not been then included, were now offered the tests etc., and of course these too have been included ;

(xv) A letter was sent to the parent and also to the family doctor in each case, informing them of the results of the

SUMMARY OF SURVEY RE PREVENTION OF TUBERCULOSIS ON CHILDREN BORN DURING 1941 ATTENDING EXETER SCHOOLS.

(A) USING HEAF'S MULTIPLE PUNCTURE APPARATUS AND P.P.D. TUBERCULIN.

	No. of Consent Forms sent to Parents	No. of Forms returned accepting ALL the Tests	No. referred to Chest Physician	Absent for diagnostic Tuber. Test	Actual No. given diagnostic Tuber. Test	Result of Tuberculin Test					B.C.G. Vaccination		Post Vaccination Tuberculin Test						Ulcers over 10 mms.	M.M.R. X-Ray		
						Positive 1	Positive 2	Positive 3	Positive 4	Neg.	Inoc.	Absent	Positive 1	Positive 2	Positive 3	Positive 4	Neg.	Absent		Satis.	Not Satis.	Absent
L.E.A. Schools. (Less one Boys' Sec. Mod. Sch.)																						
Boys	335	311 (90%)	7	3	301 (97%)	16 (5%)	9 (3%)	15 (5%)	2 (.7%)	259 (86%)	256	3	52	121	71	2	—	10	—	297	4	1
						14%																
Girls	389	336 (86%)	13	10	313 (94%)	33 (10%)	7 (2%)	16 (5%)	3 (.9%)	254 (81%)	249	5	116	107	19	—	1	6	—	307	1	5
						19%																
Total (P.P.D. Cases)	724	647 (89%)	20	13	614 (95%)	49 (8%)	16 (3%)	31 (5%)	5 (.8%)	513 (84%)	505	8	168	228	90	2	1	16	—	604	5	6
							101	16%														

(B) USING THE MANTOUX TEST.

	No. of Consent Forms sent to Parents	No. of Forms returned accepting ALL the Tests	No. referred to Chest Physician	Absent for diagnostic Tuber. Test	Actual No. given diagnostic Tuber. Test	Result of Tuberculin Test		B.C.G. Vaccination		Post Vaccination Tuberculin Test			Ulcers over 10 mms.	M.M.R. X-Ray*		
						Positive	Negative	Inoc.	Absent	Positive	Negative	Absent		Satis.	Not Satis.	Absent
One L.E.A. School. (Boys' Sec. Mod. Sch.)†	80	78 (97%)	3	3	72 (92%)	12 (17%)	60 (83%)	60	—	59	—	1	1	72	—	1
Independent Schools																
Boys	86	72 (84%)	8	—	64 (89%)	17 (27%)	47 (73%)	47	—	46	—	1	—	60	—	4
Girls	144	120 (83%)	5	3	112 (93%)	23 (21%)	89 (79%)	89	—	89	—	—	1	108	1	4
Total Independent Schools	230	192 (83%)	13	3	176 (92%)	40 (23%)	136 (77%)	136	—	135	—	1	1	168	1	8
Total (Mantoux Cases)	310	270 (86%)	16	6	248 (92%)	52 (21%)	196 (79%)	196	—	194	—	2	2	240	1	9
Grand Total ...	1,034	917 (89%)	36	19	862 (94%)	153 (18%)	709 (82%)	701	8	682	1	18	2 (.3%)	844	6	15
			917			862		709		701				865		

* 3 Children attended for M.M.R. X-ray who did not have the Tests.

† This school is referred in the text on page 40, paragraph (xiv)

tests, details of which were also recorded on the child's main school medical record under section 20 as follows :

Date	
	Tuberculin Test—Positive.
	M.M.R. x-ray—Satisfactory as regards pulmonary tuberculosis.

Or

Date	
	Tuberculin Test—Negative.
	B.C.G. Vaccination.
	Post Vacc. Tuber. Test. Pos/Neg.
	M.M.R. x-ray—Satisfactory as regard pulm. tuberculosis.

Date	Tuberculin Test M.M.R. x-ray and B.C.G. Vaccination
	Family doctor notified of results (See Section 20).
	Parent notified of results (See Section 20).

(xvi) P.A.S. powder was issued to a number of children for dusting on the superficial ulcers with satisfactory results. Eighteen weeks after the end of the vaccinations all the schools were asked to send for inspection any children with scabs or sore arms ;

(xvii) Result of the Survey.

1,034 school children were reported by the head teachers as born during 1941 (804 attending 11 maintained schools and 230 attending 12 independent schools in Exeter). 917 parents (89%) gave their consent to all the tests ; in addition, 16 parents accepted only some of the tests—mostly the x-ray only, but these children were not included in the survey. Of the 917 children, 36 were referred to the chest physician as known contacts and 19 children were not tested because they were ill or had left the city. The actual number of children therefore, who had the tuberculin tests was 862 (94% of those who had accepted). Of these 709 (82%) wer negative and 701 were vaccinated (8 children were either absent or at the last, refused B.C.G. vaccination). Of those vaccinated all but 1 shewed conversion as judged by the tuberculin test 7—8 weeks' later.

The table attached shews in detail the result of the survey.

OTHER OBSERVATIONS.

Parental Response. The excellent response from the parents (89% accepted) is most encouraging and was undoubtedly substantially due to the generous practical efforts of all the head teachers in the schools concerned.

Radiographic Findings. No case of pulmonary tuberculosis was found by X-ray although one boy was suspected to be so ; he proved ultimately to be a case of bronchiectasis. 5 cases of non-tuberculous pulmonary abnormalities were detected and dealt with.

Non-Conversion. Only 1 child—a girl attending a maintained school—was tuberculin negative after B.C.G. vaccination. 1 boy who had been given B.C.G. in 1949-50 in India was negative to the first tuberculin test, but was converted to + 3 (Heaf) after B.C.G. vaccination.

Vaccination Complications. The major problems arose in deciding and recording ulcers, etc. Theoretically, a scab is evidence of an ulcer, since if it is removed or comes off (as is not uncommon) before the base is healed there will clearly be evident, an ulcer, but we have taken a scab, (which is usual) as evidence of a vesicle ; we have (following Irvine, K.N.) not recorded as a complication an ulcer less than 10 mm. in diameter, or if it cleared up before ten weeks after the date of vaccination. In actual fact we checked on the children about eighteen weeks after the end of the vaccinations. Ten cases of ulceration persisting over eighteen weeks were found (in 5 boys and 5 girls), but in only 1 boy and 1 girl (.3% of those vaccinated) was the area over 10 mms. (2/5 inch) across. Seven of the children concerned (including the two with larger ulcers) had had single insertions of B.C.G. which suggests that dividing the dose (two insertions) appears to have reduced the incidence of this minor complication. No cases with abscesses of glands or other complications of the vaccination which required notification to the Ministry of Health occurred.

Vaccination in Schools or at Clinics? Owing to the tests being carried out in the schools and to this being our first effort in this direction, a considerable (and wasteful) number of sessions was necessary ; whether the tests, etc., should be carried out at a clinic, thus reducing the number of sessions necessary, is a matter for consideration.

The additional work imposed on the clerical staff was tremendous, but I feel sure it was a well worth-while effort.

SCHOOL MEALS SERVICE.

All candidates for posts in the school meals service are medically examined (urine testing and chest x-ray included) before appointment, by the senior school medical officer.

During the examination, candidates are specifically asked whether they have had dysentery, or typhoid, or para-typhoid or food-poisoning or intestinal disorder.

The school medical officers and sanitary inspectors supervise hygiene in the school canteens ; recently shortage of sanitary inspector staff has made this less regular than formerly.

School Meals and Milk Report, 1954.

I am indebted to the school meals organiser, (Miss C. Cusworth) for the following report.

The percentages of children taking meals and milk have remained fairly constant throughout the year. The two statistical returns, requested by the Ministry of Education, were as shown :—

Date	MILK		MEALS		
	No. of children taking milk	Percentage of school attendance	Children taking paid meals	Percentage of school attendance	Children having free meals
10/6/54	8,226	89.8	2,575	32.7	419
7/10/54	8,427	90.7	2,766	33.7	437

During the major holidays, meals and milk were provided for necessitous children at two centres, Bradley Rowe and Montgomery Schools. Attendances were as shown below :—

Holiday	Number on register for free meals	Average daily attendance	Percentage attendance of those eligible
Easter	468	166	35.5
Summer	539	170	31.5
Christmas	475	140	29.5

The charges for meals ranged from 9d. to 7d. according to the number of children in the family. Meals were supplied free to necessitous children. In Nursery Schools, Nursery Classes and Day Special Schools, the charge remains at 6d. per meal.

The kitchen at The Vincent Thompson School was opened on the 14th September, 1954, bringing the total number of self-contained canteens to ten, viz. :—

1. Chestnut Avenue Nursery School.
2. Whipton Infants' School.
3. Summerway J.M. School.
4. Countess Wear J.M. & I. Schools.
5. The Priory Girls' S.M. School.
6. Secondary Technical School.
7. Bishop Blackall School.
8. Hele's School.
9. Bradley Rowe J.B., J.G. & I. Schools.
10. The Vincent Thompson Boys' S.M. School.

All schools without their own kitchens were served by either the Montgomery Area Kitchen or the Ladysmith Area Kitchen.

In addition, meals were provided for the Local Health Authority's Day Nurseries and Occupation Centre.

From the beginning of the Autumn term meals were supplied to the Central Technical College and to the College of Art Printing Department.

In the preparation of meals the aim has been to give an attractive, well-balanced meal with as much variety as possible and a nutritive value of one-third of a child's daily requirements.

Sample Menus.

SUMMER	WINTER
1. Veal & Ham Roll, Beetroot, Potatoes. Blackcurrant Tart, Mock Cream.	1. Roast Meat, Cabbage, Potatoes. Apple Tart, Custard.
2. Roast Lamb, Peas, Potatoes. Trifle.	2. Steak & Kidney Pudding, Carrots, Potatoes. Rice Pudding.
3. Cold Ham, Salad, Potatoes. Rhubarb Sponge, Custard.	3. Stew, Root Vegetables. Syrup Pudding, Custard.

SCHOOL HEALTH EXHIBITION AT THE BATH AND WEST SHOW
2nd—5th JUNE, 1954.

After a lapse of 45 years the Bath and West Show visited Exeter in June and 110,324 people—a record number for Exeter—attended the Show from the Wednesday to the Saturday. This attendance has been exceeded at the Society's Shows only on three previous occasions.

The School Health Service (together with other services provided by the Exeter Education Committee) was allocated space at the Show. Great interest was shewn by the large number of visitors to our section in the various exhibits, particularly in the progress recordings on the tape machine of certain children who had had speech therapy. The public were invited to record their voices on the tape recorder and there is no doubt this proved to be a most popular attraction. Much interest was shewn in the audiometric testing which the public were also invited to have and, in the colour vision testing charts. Comparative drawings of an average boy and girl in 1913 and 1953 (as per the records in the department) to show the great improvement in their heights and weights also created interest.

Photographs under the following captions with particular reference to the special facilities available for the handicapped pupil under the Education Act, 1944, proved to be particularly interesting to the public :—

SUBJECT.	CAPTION.
Dental Treatment :	Saving a tooth.
Home Tuition :	Home teaching for the handicapped.
A Deaf School :	A deaf child learns to speak. (Royal West of England School for the Deaf, Exeter).

SUBJECT.	CAPTION.
A Partially Sighted School :	Education for the Partially Sighted. (West of England School for the Partially Sighted, Exeter).
Speech Therapy :	Recording the voice during treatment.
Withycombe House Special School :	Educationally sub-normal children in a residential special school. (This school is run by the Devon Education Committee).
Central School Health Building :	Exeter's Central Medical and Dental Clinic.
Special Transport :	Taking the severely handicapped to school.
The Nursery School :	The school nurse talks to the little ones. (Chestnut Avenue Nursery School).
The Child Guidance Centre :	" Working out " his problems.
A Minor Ailments Clinic :	Preventing little things becoming big things.
Audiometric Test :	Is he deaf ? Not to this note !
A Medical Inspection :	Having one of his medical overhauls in school.
The Dame Hannah Rogers School for Spastics :	Severely handicapped children in a special residential school.

Her Majesty The Queen Mother graciously visited our stand when she attended the Show on the Friday.

I feel sure that a large number of our visitors were previously quite unaware of the special facilities available to children attending school, and that our exhibition served a useful purpose. I hope it will be possible to do this sort of thing again in the future.

Mr. Stamp and Miss McGovern worked very hard in the staging and demonstration of the exhibit and we are grateful to the School of Art, (Principal, Mr. W. Green) for their help in the preparation and presentation of the material.

TABLE I.

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (Including Special Schools).

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants ...	930
Second Age Group ...	741
Third Age Group ...	773
TOTAL ...	2,444
Number of other Periodic Inspections ...	914
GRAND TOTAL	3,358

B.—OTHER INSPECTIONS.

Number of Special inspections (complete)	254
Number of Special inspections (not complete)	1,681
Number of re-inspections	2,494
TOTAL ..	4,429

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspections to require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils (4)
Entrants	9	276	228
Second Age Group	77	141	186
Third Age Group	57	171	181
Total (prescribed groups)	143	588	595
Other Periodic Inspections	74	203	242
Grand Total	217	791	837

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1954.

Defect Code No.	Defect or Disease (1)	Periodic Inspections.		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Requiring Treatment (2)	Requiring to be kept under observation but *not* requiring Treatment (3)	Requiring Treatment (4)	Requiring to be kept under observation but *not* requiring Treatment (5)
4	Skin	199	102	316	27
5	Eyes— *a.* Vision	217	344	149	53
	b. Squint	12	41	2	2
	c. Other	51	38	33	7
6	Ears— *a.* Hearing	14	81	6	13
	b. Otitis Media	11	13	7	2
	c. Other	242	32	72	4
7	Nose or Throat	53	274	83	38
8	Speech	15	46	9	4
9	Cervical Glands	7	269	3	27
10	Heart and Circulation	14	27	2	3
11	Lungs	39	94	7	12
12	Developmental—				
	a. Hernia	4	15	—	—
	b. Other	6	71	3	17
13	Orthopaedic—				
	a. Posture	16	46	4	3
	b. Flat foot	10	45	—	5
	c. Other	54	196	52	16
14	Nervous System—				
	a. Epilepsy	1	4	—	2
	b. Other	7	32	—	2
15	Psychological—				
	a. Development	1	23	9	5
	b. Stability	6	47	22	12
16	Other	29	101	44	23
	Totals .	1,008	1,944	823	273

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups.	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2.	No.	% of col. 2.	No.	% of col. 2.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	930	591	63.6	324	34.8	15	1.6
Second Age Group	741	380	51.3	342	46.1	19	2.6
Third Age Group	773	464	60.0	288	37.3	21	2.7
Other Periodics	914	504	55.1	397	43.5	13	1.4
TOTAL	3,358	1,939	57.8	1,351	40.2	68	2.0

TABLE III.

INFESTATION WITH VERMIN.

(i)	Total number of examinations in the schools by the school nurses or other authorized persons	20,650
(ii)	Total number of *individual* pupils found to be infested	233
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	30
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	—

TABLE IV.

TREATMENT.

Group I.—Diseases of the Skin (excluding uncleanliness, for which see Table III).

	Number of cases treated or under treatment during the year	
	By the Authority	Otherwise
Ringworm— (i) Scalp	—	—
(ii) Body	7	3
Scabies	—	—
Other skin diseases	481	140
Impetigo	28	19
TOTAL	516	162

Group II.—Eye Diseases, Defective Vision and Squint.

	Number of cases dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	206	91
Errors of refraction (including squint)	—	1,040
TOTAL	206	1,131
Number of pupils for whom spectacles were—		
(a) Prescribed	—	792
(b) Obtained	—	797

Group III.—Diseases and Defects of Ear, Nose and Throat.

	Number of cases treated	
	By the Authority	Otherwise
Received operative treatment—		
(a) for diseases of the ear	—	11
(b) for adenoids and chronic tonsillitis	—	155
(c) for other nose and throat conditions	—	13
Received other forms of treatment	453	410
TOTAL	453	589

Group IV.—Orthopaedic and Postural Defects.

(a) Number treated as in-patients in hospitals	32	
	By the Authority	Otherwise
(b) Number treated otherwise, e.g., in clinics or out-patient departments	—	72

Group V.—Child Guidance Treatment.

	Number of cases treated	
	In the Authority's Child Guidance Clinic	Elsewhere
Number of pupils treated at Child Guidance Clinic	185	—

Group VI.—Speech Therapy.

	Number of cases treated	
	By the Authority	Otherwise
Number of pupils treated by Speech Therapist	116	—

Group VII.—Other Treatment Given.

	Number of cases treated	
	By the Authority	Otherwise
(a) Miscellaneous minor ailments	2,537	339
(b) Other (specify) :		
Heart conditions : including rheumatism and chorea	—	13
Lungs : tuberculous and non-tuberculous conditions and bronchitis, etc.	—	138
Hernia : and other developmental defects	—	5
Epilepsy : and other nervous conditions	—	1
Miscellaneous : Glands, abdomen, appendicitis, influenza, fractures, urinary conditions, etc.	—	227
TOTAL	2,537	723

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1)	Number of pupils inspected by the Authority's Dental Officers :—	
	(a) Periodic age groups	7,832
	(b) Specials	1,757
	TOTAL (1)	9,589
(2)	Number found to require treatment	6,070
(3)	Number offered for treatment	6,070
(4)	Number actually treated	3,661
(5)	Attendances made by pupils for treatment	8,930
(6)	Half-days devoted to : Inspection	87
	Treatment	1,268
	TOTAL (6)	1,355
(7)	Fillings : Permanent Teeth	6,300
	Temporary Teeth	516
	TOTAL (7)	6,816
(8)	Number of teeth filled : Permanent Teeth	5,186
	Temporary Teeth ...	427
	TOTAL (8)	5,613
(9)	Extractions : Permanent Teeth	1,046
	Temporary Teeth	3,622
	TOTAL (9)	4,668
(10)	Administration of general anaesthetics for extraction ...	2,100
(11)	Other operations : Permanent Teeth	1,419
	Temporary Teeth	3
	TOTAL (11)	1,422

EXETER EDUCATION COMMITTEE
SPECIAL SERVICES SUB-COMMITTEE

EDUCATIONALLY SUB-NORMAL CHILDREN
AN EXPERIMENT IN ADJUSTMENT TEACHING IN EXETER, 1954

BY
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Director of Education

This account is an interim progress report on the work of the adjustment classes over one year. We are convinced this form of teaching has done a great deal not only for the children individually but also for the classes from which the children have come. The teaching staffs have expressed similar opinions spontaneously. We have not been able to compare the progress of any control group—if indeed one could be found—with comparable intelligences and attainments but not in adjustment classes. The interest aroused in the schools generally has been considerable and must have had useful effects in the education of those educationally subnormal children not in such classes. We wish to thank the head teachers of the schools concerned for their interest and unstinted support, and the adjustment teachers for the wholehearted way in which they have undertaken the work.

This report sets out the experience gained in the work of adjustment classes set up by the Exeter Education Authority, as a result of considering a report on Educationally Sub-normal Children, presented to the Special Services Sub-Committee in December, 1952, and published in July, 1953.

In that report it was pointed out that educationally subnormal children fall into three groups, namely those of average or superior intelligence, whose educational attainment is yet very much less than their intelligence should warrant, those with I.Qs. between 70 and 85, whose educational attainment is not only below normal, but usually less than their intelligence should enable them to reach, and those whose intellectual impairment is so great that however good relatively their attainment they cannot be adequately cared for in ordinary classes. Psychologically speaking, the great majority of all such children have weak egos, they are discouraged, anti-social, and often on the way to becoming more or less seriously maladjusted. The report recommended that, as a first stage in helping them socially, emotionally and scholastically, " adjustment " classes should be established in six junior schools in Exeter, and three teachers appointed to serve them. These teachers were to be additional to the existing establishment in the schools selected for the experiment. From the first the adjustment class was envisaged as being primarily a means of affording the children opportunity to develop and integrate personality through meaningful experience. Therefore, in addition to being taught to read and figure, they were to have play therapy sessions once weekly, and the whole bias of teaching was to be evocative. The children were to attend the classes in groups small enough to ensure that each should have adequate individual attention. In order that they might not feel markedly different from their fellows, they were to be abstracted from their normal classes *for part only of each day*, spending the rest of the time in common with the other children in their age groups. These recommendations were put into effect at the beginning of the Spring Term, 1954.

It must be made clear that for various reasons which are set out below only 33 of the children referred to in our original report, " Educationally Sub-normal Children in Exeter," were admitted to adjustment classes ; therefore direct comparison with the tables set out in the earlier report cannot be made.

First of all, amongst the 104 children who were the subjects of our original report, 40 were in schools where adjustment classes had not been set up ; of the remaining 64 (37 boys and 27 girls), 33 (19 boys and 14 girls) all of whom were educationally immature, were admitted to adjustment classes. The reasons for admission were as follows :—

	Boys	*Girls*
1. Intellectually impaired (I.Q. under 85) and, when examined in 1952-53, non-readers	11	11
2. Low average I.Q., (under 91) and, when examined in 1952-53 non—or very backward readers	5	2
3. I.Q. over 93, somewhat disturbed emotionally and very backward readers	3	1
TOTALS	19	14

The remaining 31, were not put into adjustment classes for the following reasons :—

	Boys	*Girls*
(a) Had made encouraging progress between the initial examination and the establishment of adjustment classes	11	10
(b) Transferred to school not having an adjustment class	2	2
(c) Transferred to private school	—	1
(d) Left city	3	—
(e) Adjudged unsuitable for adjustment class	2	—
TOTALS ...	18	13

Some comment on group (a) above may be of interest. Only one of these children, a boy, had an I.Q. of less than 80. All responded well in their normal class to methods of teaching designed to meet the reading difficulties diagnosed during the original examination by the educational psychologist.

The following is a report on the first year's work.

I. Preliminaries.

(i) SELECTION OF SCHOOLS. There were two main factors to be considered in Exeter. Those schools which contained the greatest number of E.S.N. children had naturally to receive first care. But as the adjustment teachers had each to serve two schools daily, spending the morning in one and the afternoon in another one week and reversing the periods the following week, it was necessary that the schools should not be very far apart. Those ultimately chosen and paired were as follows :— Bradley Rowe J.B. and Bradley Rowe J.G. ; Ladysmith J.M. and Newtown J.M. ; John Stocker J.B. and Montgomery J.G.

(ii) SELECTION OF ADJUSTMENT TEACHERS. In the last resort the whole success or failure of adjustment teaching depends upon the personality of the teacher. He must have a vocation for the work and, above all, must not unconsciously be seeking to compensate for an inner sense of failure by trying to remedy failure in the children. Since he must preside at sessions where the children, in painting, modelling or other creative activities, are producing material from the unconscious, he must be able to accept and value this material in itself, *whether or not he understands it*. Naturally the adjustment teacher must have had special training in appropriate methods of teaching ; and it is a great advantage if he has learned to give and evaluate standardized group intelligence tests and individual reading tests. In view of these special qualifications, which all three teachers appointed in Exeter possessed, and on account of the exacting nature of the work, they receive a special responsibility payment at the rate of £50 per annum.

(iii) CONSULTATION WITH HEAD TEACHERS. The six head teachers concerned met the educational psychologist in order to discuss accommodation, equipment, time tables, selection and examination of children for adjustment teaching, and the place of the adjustment teacher in the general organization of the school. We wish to acknowledge the great contribution made by the head teachers. Without this, success in the work would have been impossible.

(iv) CONSULTATION WITH ADJUSTMENT TEACHERS. The three teachers met the educational psychologist in order to learn what would be expected of the adjustment class, to put forward their schemes of work and to detail the methods, apparatus and books they wished to use. They were assured that, within the time-table laid down by the head teachers in consultation with the Director of Education and the Educational Psychologist, they would have complete freedom to experiment as they chose, provided that very full records were kept. They were instructed to give Sleight's Non-Verbal tests to all the children whom they received into the adjustment class.

(v) RECORD FORMS. The Director of Education, Principal School Medical Officer, and Educational Psychologist drew up the following record form which was printed and circulated to the head teachers for their use and that of the adjustment teachers :

ADJUSTMENT TEACHING — PRELIMINARY RECORD

School .... Name ....

Address .... D. of B. ....

Date Admitted To

Referred By .... Adjustment Class ....

1. History of Child :
    - (a) How long in present school ?
    - (b) Previous progress in present school ?
    - (c) Attitude of child to other children in school ?
    - (d) Attitude of other children in school to this child ?
2. Relevant Factors in Social Background. (Particularly note known dullness or maladjustment in parents, or brothers or sisters ; broken home ; illegitimacy ; adverse or favourable circumstances).
   Position in Family :
3. Defects of Significance found by Medical Examination. (Note especially suspected defects of sight or hearing and give dates).
4. Any History of Long Absence from School or Serious Illness.
5. Special Disabilities :— N.B. (This section to be completed by school medical staff and educational psychologist).
    - (a) Mental.
    - (b) Emotional.
    - (c) Social.
6. Any Special Treatment. (before entering adjustment class).
    - (a) Child Guidance Centre :
    - (b) Speech Therapy :
    - (c) Other (please indicate) :

Summary of capacity and attainment on admission to class :

	Yrs. and Mths.	Quotient	Scale used	By whom	Date
Chronological Age		—			
Mental Age .. .		I.Q.			
Reading Age . ..		R.Q.			
Arithmetic Age...		A.Q.			
Practical Ability Age* ...		P.A.Q.			

If known*

(Detailed records of testing should be preserved)

Date..... Signed ....

PROGRESS RECORD

1. Continuing notes should be maintained re :—
    - (a) Methods of teaching employed ;
    - (b) Special disabilities ;
    - (c) Progress—educationally or psychologically ;
    - (d) Any remedial treatment other than adjustment teaching.
2. Full report for annual review including repeat of table above with figures related to the date of the review.

Date NOTES

(2 Blank foolscap sheets follow)

(vi) SELECTION OF CHILDREN. This presented many difficulties, because it was not possible to put all the E.S.N. children in any of the chosen schools into the adjustment class. Some head teachers did not wish to have E.S.N. children already in their 4th year in the school put in such classes ; others did not wish children of any age with very low I.Qs. to be put in. It was also difficult to determine what degree of social or emotional maladjustment should make a child eligible to attend, or what degree might be too severe for the class to contain the child. It was finally decided that no general principles could be laid down. At the same time the head teachers, from intimate knowledge of the children, had each a good idea of those who they thought would benefit from inclusion in the class, and it was ultimately decided that in the initial stage each Head should make his own selection, submitting the names for approval to the School Health Department. This was done.

The first term was therefore to be experimental in this respect, and it was hoped that a clear picture of the type of child most likely to do well would gradually emerge. The head teachers accordingly sent lists of the children they had chosen in the light of the above considerations to the Director of Education and to the Principal School Medical Officer.

The number of children was 143—78 boys and 65 girls The I.Qs. had been ascertained as a normal part of junior school routine by the Moray House Picture Test. It was impossible for reasons of time to " ascertain " all children individually, though as it happened the educational psychologist had tested a considerable number (62) with either the Terman Merrill or Wechsler Scale in the course of ascertainment of the educationally sub-normal. The I.Q. range was from 59 to 118 ; the age range from 7 years 2 months to 10 years 11 months.

The administrative difficulties and the loss of time involved in drawing children from various classes, in order to have congruous I.Q. groups, were found to be too great to be overcome. So the children were, on the whole, grouped according to the class in which they normally belonged. No adjustment group comprised more than 12 children.

(vii) TIME-TABLE. As the adjustment teachers were each serving two schools they alternated the morning and afternoon sessions, attending one of the two schools in the mornings of the one week and in the afternoons of the following week. In each school there were two groups : one class was held before the play interval, i.e., from 9.20 a.m. to 10.35 a.m. or from 1.45 p.m. to 2.55 p.m. ; the other after the play interval from 10.50 a.m. to noon, or from 3.05 to 4.15 p.m. The group which went before play one week went after play the following, in order to even out the degree of fatigue which the children might be expected to be experiencing by the time they reached the adjustment class.

(viii) SYLLABUS. The syllabus did not go into details as to the ground to be covered, beyond making a distinction between the work to be done with very backward children who were entirely non-readers, and those who were able to read a little.

For the former it comprised :—

(a) Pre-reading activities, with emphasis on the use of language in conversation, dramatization and description.

(b) Pre-writing activities with emphasis on the recognition of simple words in common use, letter formation in various media, the building of simple sentences.

For the latter it comprised :—

(a) Reading practice and word building. Conversation and description to stimulate word imagery.

(b) Sentence building, oral and written work closely linked. The use of individual work books.

Within this frame-work, any and every method of teaching, all kinds of apparatus and games, painting, modelling, etc., were used at the discretion of the teacher, and according to the means by which each individual child appeared most easily to learn.

Each group had one session a week of play therapy. This will be fully discussed later in the report.

In the second term, amongst those groups which were making real progress in reading and writing, some number work was introduced. It was based upon language and reading, and *was usually presented in the form of problems.*

(ix) ACCOMMODATION AND EQUIPMENT. In regard to accommodation, certain basic needs were established and have been fulfilled as nearly as the special circumstances of each school, and facility in getting furniture have permitted. The *absolute fundamental* was seen to be that *each adjustment teacher should permanently have for his classroom one particular room*, and this has been possible in five out of the six schools. In one school the teacher has occasionally been obliged to move to the art-room. A description of the adjustment class room at the Bradley Rowe Schools as it is, shows how it is hoped each will finally appear. It has ample wall space and shelving for the display of paintings, models, wall pictures, etc., and is furnished with a teacher's desk and chair, a table, a large cupboard for storage of equipment, a blackboard, and twelve stacking tables and chairs.

(x) Apparatus, Books, Etc. The majority of this material was provided in full from the outset, though a certain amount was added as the teachers became aware of further needs. Each classroom was provided with :— 56 lbs. modelling clay, storage bins and lacquer to paint models ; 2 sets of 8 primary colours in poster paints ; 1 lb. tin of each of the same colours in powder paints ; 12 sets of plasticine ; 12 each of hog's hair painting brushes in round, sizes 4, 8 and 12 ; 12 scissors ; 6 knives ; 12 rulers with cutting edge ; hammer, saw, pincers ; drawing pins ; sprigs ; sandpaper ; weaving cane ; odd bits of wood ; generous supplies of pencils, rubbers, drawing paper, exercise books and mounting paper ; tracing paper ; 12 packets of gummed paper in bright colours ; cardboard coins ; various spelling and other games chosen by the individual teachers.

" The Activity Reading Scheme," comprising : Teacher's Manual, Sets I, II, III, IV (Macmillan). 12 sets of " Adventures in Reading " and " Adventures in Writing " Books 1, 2, 3, 4, 5, 6 (Oxford University Press, Cumberlege). " The Pilot Reading Scheme " Pre-Reading Books 1, 2, 3, 4. Booklets S.1, 2, 3, 4, 5, 6. Readers 1 & 2. Dictionaries 1.S.25 and 2.S.49. Booklets 26, 27, 28, 29, 30, 50, 51, 52, 53, 54. (E. J. Arnold & Son, Ltd.). £8 worth of various reading books, the selection of which was left to the individual teachers.

(xi) The Full Cost of equipping each classroom was :—

Furniture	£59 3 0
Apparatus, etc.	£31 10 0

II. Initial Examination of the Children.

(a) General Picture. Of the original 142 children selected, to whom 1 boy was added during the course of the first term, 36 boys and 28 girls had already been given a very full individual examination by the educational psychologist. (The majority were seen during the routine examination of reputedly E.S.N. children in the 7+ age group). In regard to each of the children examined by her, a report had been sent to the head teacher concerned. This detailed I.Q., R.Q., A.Q., and all special disabilities or evidence of emotional disturbance that had been observed. The head teacher's own knowledge of the child's home background, school attendance and social behaviour was incorporated in these reports. They were now given to the adjustment teachers for their general guidance in helping the children and in completing the special record forms. Incidentally 1 boy and 5 girls were patients at the Child Guidance Centre, where a detailed diagnosis of their difficulties had been made by the psychiatrist. Amongst the remainder we held that the educational psychologist was competent to judge general emotional immaturity where it existed.

Since this group chanced to form a considerable proportion of those chosen for adjustment teaching, and since all had been examined by one person, using special diagnostic tests for vocabulary, and visual, and auditory weaknesses, a table of the special disabilities noted is appended, since it gives a good picture of the manifold causes of scholastic failure, which we hoped to remedy. Often several disabilities were found in one child.

		No. of children
1.	SPECIAL DISABILITIES (Mental)	
	Very inadequate vocabulary (below level of M.A.)	23
	Weak auditory memory	3
	Weak visual memory	11
	Weak capacity for visual discrimination	10
	Marked lack of imaginative capacity	31
2.	SPECIAL DISABILITIES (Emotional)	
	Very immature	25
	Anxiety state : sibling jealousy	2
	over ambitious parent	1
	broken home	1
	unstable mother	2
	Extremely distractible and abnormally lacking in control	1
3.	SPECIAL DISABILITIES (Social)	
	Bad or broken homes	7
	Prolonged period in hospital	2
	Frequent absences from school	13
	Bilingual	1

7 children did not appear to be suffering from any special disability, and were not, as far as could be seen, affected by their scholastic failure. They were all lively and extroverted, secure in their home life and good mixers. It should however be noted that they belonged to that group of children which learns only by direct sensory experience, with three-dimensional material.

(b) STATISTICS. The following table gives the distribution by age and sex of the children selected for adjustment teaching during the first term :

Table I.

Distribution by Age and Sex

Age Group Years & Mths.	Number of Children Boys	Girls	Total
7.0— 7. 5	3	5	8
7.6— 7.11	16	12	28
8.0— 8. 5	5	10	15
8.6— 8.11	14	8	22
9.0— 9. 5	14	10	24
9.6— 9.11	13	11	24
10.0—10. 5	12	5	17
10.6—10.11	1	4	5
TOTALS	78	65	143

The following table gives the distribution of I.Qs., ascertained by the Moray House Picture Test. (Those with I.Qs. between 80 and 89 are divided at 84, since a score of less than 85 denotes intellectual impairment). It should be stated here, that dull or distractible children do not score so well in a group test (such as the Moray House Picture Test) as in the individual examinations (e.g., by Terman & Merrill tests). Generally, and with very few exceptions, the table reasonably accurately reflects the intelligence of the children in the group.

Table II.

Distribution of I.Qs.

I.Q.	Boys	Girls	Total
50— 59	—	1	1
60— 69	5	5	10
70— 79	31	33	64
80— 84	13	12	25
85— 89	11	4	15
90— 99	8	3	11
100—109	7	6	13
110—119	3	1	4
TOTALS	78	65	143

On admission to the adjustment class, each child was examined by the adjustment teacher with Schonell's R.5 Reading Test. The scores, relative to the I.Q., follow.

In table III below, in all the cases shewn to the left of the diagonal line, the attainment is less than the child's intelligence should have enabled him to achieve.

Table III.

Distribution of 1st R.Q. in relation to I.Q.

	*Nil		50-59		60-69		70-79		80-89		90-99		Total	
I.Q.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
50— 59						1								1
60— 69	2	2	1		2	3							5	5
70— 79	4	5	4	3	15	13	7	8	1	4			31	33
80— 84		1			7	3	4	5	1	3	1		13	12
85— 89	1		1	2	7		2	1		1			11	4
90— 99	1				4	2	3	1					8	3
100—109	2		1		1	4	3	2					7	6
110—119					3	1							3	1
Total	10	8	7	5	39	27	19	17	2	8	1		78	65

*Nil indicates a reading age of less than the standard scoring of 4 years.

III. The Working of the Class.

1. The Play Therapy Session.

It has already been pointed out that the names of the children selected were submitted to the Principal School Medical Officer, since the ascertainment of handicapped children is a statutory duty of the Authority through the School Health Department. The connotation of the word " special education " is, in the case of the educationally sub-normal child, necessarily very wide, as not only the intellect, but the mind and, on occasion, the body need ' educating.' The adjustment class, as we envisage it, is an attempt to preserve the unity of the child, and to ensure that body and mind are served, whilst the endeavour to improve scholastic attainment proceeds. The former task is more nearly medical, the latter educational. Therefore the Education and School Health Departments have worked in the closest co-operation to ensure that both tasks were fulfilled and the necessary balance maintained.

The play therapy session inclines to the education of body and mind, since it was introduced with the object of helping the children to develop personality through the kind of experience afforded there. As has already been said, those found to be in need of adjustment teaching had weak egos, whether from intellectual dullness, a sense of scholastic failure, emotional disturbance, or as a result of bad social conditions. The child thus fragmented, afraid, apathetic, anti-social, or discouraged cannot learn. He can only begin to do so when he knows something about himself, and realizes that, no matter how simple a person, he is respected for what he is. Moreover, it must be borne in mind that the junior school child's primary response to life is not by way of thinking. However well integrated he may be according to his stage of development, he is still at an age when he has yet to find himself as a person, with definite tastes and aptitudes, abilities and handicaps, the nature of which he must be able to appreciate, within the limits of his capacity for understanding. He discovers and assimilates this knowledge of the kind of individual he is, mainly by the sensory and feeling experiences gained in play, in movement, by seeing and by using his hands. Painting, modelling, dramatization and the dance, in a *permissive and accepting* atmosphere, enable him to create from within. He expresses his instinctual promptings, hopes, fears and anxieties in even the simplest piece of work, and develops his individual and characteristic mode of approach to life. It is therefore particularly important that the play therapy session should have its place in the endeavour to help children who are inadequate personalities ; and that it should not be regarded as free activity with a scholastic slant, but as a therapeutic measure. The teacher must value everything here produced as being expressive of the child's psyche. (This attitude was readily adopted by the Exeter teachers ; and the psychologist, during visits to the classes saw the paintings, etc., in the presence of the children. Often she could make some comment which showed a child that the inner meaning of his work was understood and accepted. At conferences between her and the teachers, it was possible to develop and explain the content of the material more fully, with the object of helping the teachers in their relationships with the children).

2. METHODS OF TEACHING.

The basic requirement in an adjustment class is that the children should be taught individually. This means that as many methods as there are children must be employed, according to the way in which each is best able to learn. The only common principles to which we adhered throughout were that reading and writing should be closely related at every point and that, as soon as a child could read at all, he should have access to a variety of easy books which he could study alone at his table.

But behind all this lay the recognition of two fundamental facts ; one that a child cannot begin to read with interest and application *unless he has an effective speaking vocabulary* ; the other *that the printed word must call up images in his mind.* Being able to read intelligently implies a capacity for abstract thinking and for being able to combine images into meaningful wholes. Therefore, so far as the scholastic side of adjustment teaching was concerned, every effort was made to increase the children's vocabulary by conversation, oral composition and dramatization. The capacity to form images and to imagine was stimulated by drawing, painting, modelling, looking at pictures and listening to stories. These methods are well known to every teacher ; but the supply by the Exeter Education Authority of every kind of apparatus and material necessary made it possible for us really to put them into full practice.

3. THE PLACE OF THE EDUCATIONAL PSYCHOLOGIST.

The educational psychologist visited each class frequently for short periods. The main purpose was that the children should come to know her and should gain satisfaction in showing their paintings, etc., or their progress in reading. This established an easy relationship and paved the way for occasional interpretation of their work to individual children, during play therapy sessions. It should be made quite clear that such interpretations were always very general, and were only in connection with a sense of inferiority, aggressiveness, fears, or the particular life pattern which a child might be enacting at the moment.

Once or twice an interview elsewhere than in the adjustment class room followed. An example may be of interest. B., a boy of nine, I.Q. 110, R.Q. 61, developed resentment at having to attend the class ; evidently it made him feel inferior. He had produced, in the play therapy sessions, a series of paintings of airmen crashing into the sea or on land—often in sheets of flame. They were rescued or escaped covered in blood. His models were of daggers or ships bristling with guns. The educational psychologist admired them—they were indeed very good—and he became more friendly. He was then invited to do some ' puzzles '—the Wechsler Intelligence Scales for Children—in another part of the school. In the course of examination he gave several indications of sibling jealousy, one of which was his definition of ' nuisance ' as : " they gets your toys away, and cries if they doesn't get their own way." A few casual questions brought the whole story of a favoured younger sibling, conceived after his father returned from war service, and of his own helpless anger, from which he unconsciously feared disaster (the airman's plight). His guilt was relieved ; and later his mother came gladly to have a talk with the head teacher and educational psychologist about the boy. He lost his resentment of the class, adjusted better at home and at school, and the R.Q. rose to 71 in less than three months.

The three adjustment teachers and the educational psychologist met together monthly, throughout the year, after school hours to exchange experiences, and to discuss any problems that arose. The greater part of each meeting was naturally devoted to considering the children according to their various needs. If, for example, a teacher thought that a child might be suffering from a physical handicap such as deafness or poor sight, the Principal School Medical Officer was notified, and the child was subsequently examined at the School Health Department.

Whilst this report was in preparation, the head teachers, adjustment teachers and educational psychologist met to discuss relevant matters. Their opinions and suggestions were referred to the Director of Education and Principal School Medical Officer.

IV. Records.

(a) The Special Record Form has a dual purpose. In the first place it is designed to give as full a picture as possible of every child attending an adjustment class, of his progress or failure, and of every method of help given. Equally important was the object of ultimately compiling a volume of general information and statistics which should contribute towards a comprehensive analysis of all factors contributory in Exeter to educational subnormality. The completion of the forms involved much work for everyone concerned ; but this was found to be more than worth while.

Sections 1 and 4 were filled from the usual school record card ; Section 2 from information available in the School Health Department ; Section 3 by the school medical staff ; Section 5 by the school medical staff and the educational psychologist. Section 6, where necessary, by the psychiatrist-in-charge of the Child Guidance Centre, or the speech therapist. The remainder was completed by the adjustment teachers, with additional notes by the educational psychologist when she had been directly concerned with a child.

(b) At the end of each term the adjustment teachers examined every child with Schonell's R.5. Test and the scores obtained were recorded. These scores alone were used for all statistics ; but other reading tests—the Holborn Scale and Burt's Reading (Accuracy) Test were also given. This was done to check the scores gained by the first test and reasonable consonance was found.

The educational psychologist worked out the statistics and reported in full to the Director of Education, Principal School Medical Officer, head teachers and adjustment teachers. By this means everyone concerned was kept informed of the over-all picture.

V. Final Examination.

1. STATISTICS.

With a view to determining whether the literacy of the children had improved during their stay in the classes every child, whether in the adjustment class for one, two or three terms, was examined with Schonell's R.5 Reading Test, either upon withdrawal or in the week November 29th—December 3rd, 1954.

The statistics are set out below.

(i) *Children leaving the class before the end of the experimental year.*

12 boys and 17 girls left their adjustment class during or at the end of the summer term, 1954. The results of their response to adjustment teaching are considered separately for two reasons. First, they show the variety of causes which lead to withdrawal ; secondly, they do not all fit into the main picture of children going happily to this specialized form of teaching, and being able to profit socially or scholastically thereby.

The following tables show :— (a) reasons for withdrawal ; (b) results, in their case, of adjustment teaching.

Table IV.
Reasons for Withdrawal

		Boys	Girls
1.	Proceeded to secondary modern school	2	3
2.	Transferred to school not having an adjustment class	—	1
3.	Left Exeter (one to an approved school)	—	2
4.	Returned full time to normal class in appropriate stream	10	4
5.	Removed to small D stream class* ..	—	5
6.	Returned to normal class because they resented adjustment class	—	2
	Totals	12	17

*These were all intellectually impaired children who did not seem able to adjust to the daily changes between their normal and special classes, taking a long time to settle in each.

Table V.
R.Q. in Relation to I.Q. on entering Adjustment Class

	R.Q.													
	Nil		50-59		60-69		70-79		80-89		90-99		Total	
I.Q.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
50— 59						1								1
60— 69		1				2								3
70— 79	1	1		1	1	3	1	2		1			3	8
80— 84					1		2	1		2	1		4	3
85— 89	1						1		1				3	
90— 99						1		1						2
100—109							2						2	
Total	2	2		1	2	7	6	4	1	3	1		12	17

In table V and also in table VI, in all the cases shewn to the left of the diagonal line, the attainment is less than the child's intelligence should have enabled him to achieve.

Table VI.
R.Q. in Relation to I.Q. on leaving Adjustment Class

	R.Q.													
	Nil		50-59		60-69		70-79		80-89		90-99		Total	
I.Q.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
50— 59						1								1
60— 69				1		2								3
70— 79				1		2	2	4	1	1			3	8
80— 84							2	1	1	2	1		4	3
85— 89							1		1		1		3	
90— 99										2				2
100—109							1		1				2	
Total				2		5	6	5	4	5	2		12	17

Table VII.

Average Gain in R.Q. in Relation to I.Q.

I.Q.	Gain	No. of Boys	Gain	No. of Girls
50— 59	—	—	1. 0	1
60— 69	—	—	3.75	3
70— 79	16.3	3	1. 5	8
80— 84	6.25	4	3. 5	3
85— 89	17.0	3	—	—
90— 99	—	—	13.0	2
100—109	10.5	2	—	—
Average	4.17	12	1.28	17

It should be recorded that, amongst these children, 3 boys and 3 girls had been put into the classes primarily because they appeared to be somewhat disturbed emotionally. With the exception of 1 girl they were reported at the end of the period entirely to have lost their symptoms. 2 boys—1 a non-reader—had missed much schooling through illness. Both left reading at the level of their respective mental ages. 3 intellectually impaired girls scored a slight loss in R.Q.; 2 of these resented having to go to the class. No boy scored a loss.

(ii) *Children admitted to the classes in September,* 1954.

36 children, 16 boys and 20 girls, entered the adjustment classes in September; and 2 were readmitted—one on return from the Hospital School, the other because he reacted by truancy to his mother's falling gravely ill; these 2 are included in tables XI and XII.

The following tables give distribution by sex and age, distribution of initial R.Q. relative to I.Q. and distribution of R.Q. relative to I.Q. at the end of the first term in the class.

Table VIII.

Distribution by Age and Sex

Age (Yrs. & Mths.)	Boys	Girls
7.0 — 7. 5	6	5
7.6 — 7.11	3	6
8.0 — 8. 5	2	2
8.6 — 8.11	1	—
9.0 — 9. 5	3	4
9.6 — 9.11	1	3
Totals	16	20

In the tables below, (tables IX, X, XI, XII) in all the cases shewn to the left of the diagonal line, the attainment is less than the child's intelligence should have enabled him to achieve.

Table IX.

Distribution of R.Q. relative to I.Q. September

(Children admitted September, 1954)

R.Q.

I.Q.	Nil		60-69		70-79		80-89		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
60— 69	1				1				2	
70— 79	1	2	2			2	1		4	4
80— 84				1	1	1			1	2
85— 89		1	1	2	1	1		1	2	5
90— 99	1		1		2	3	2	1	6	4
100—109				2	1	1			1	3
110—119								2		2
Total	3	3	4	5	6	8	3	4	16	20

Table X.

Distribution of R.Q. relative to I.Q. December

R.Q.

I.Q.	Nil		60-69		70-79		80-89		90-99		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G
60— 69			1		1						2	
70— 79	1	1	1	1	1	1	1	1			4	4
80— 84					1	1					1	1
85— 89		1	1	1		2	1	1			2	5
90— 99			1		3	3		1	2		6	4
100—109				2		1						3
110—119								2				2
Total	1	2	4	4	6	8	2	5	2		15	19

(iii) *Children remaining in the classes throughout the year.*

114 children, 66 boys and 48 girls, remained in their adjustment classes throughout the year. This is the most significant group. The children obviously enjoyed the work ; in most cases, as will later be shown, their parents welcomed the experiment and supported it.

The following tables show :— 1st R.Q. in relation to I.Q. ; R.Q. in relation to I.Q. at the end of the year ; gains and losses in R.Q. ; gains in ' reading weeks.'

3 of the children are not included in the total and histogram because they were not examined in regard to their final reading quotient at the end of the year owing to illness.

Table XI.

R.Q. in relation to I.Q. at the beginning of the year

R.Q.

I.Q.	Nil		50-59		60-69		70-79		80-89		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
60— 69	2	1	1		2	1					5	2
70— 79	3	4	4	2	14	10	6	6	1	3	28	25
80— 84		1			5	3	2	4		1	7	9
85— 89			1	2	6		1	1		1	8	4
90— 99	1				4	1	3				8	1
100—109	2		1			4	1	2			4	6
110—119					3	1					3	1
Total	8	6	7	4	34	20	13	13	1	5	63	48

Table XII.

R.Q. in relation to I.Q. at the end of the year

	R.Q.															
	NIL		50-59		60-69		70-79		80-89		90-99		100-109		Total	
I.Q.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
60— 69	2		1	1	1			1	1						5	2
70— 79	1		5	5	9	8	8	6	4	5		1	1		28	25
80— 84				1	2	1	4	3		4					6	9
85— 89			1	2	3		5	1		1					9	4
90— 99			2		1	1	4		1						8	1
100—109					1		3	2		2		2			4	6
110—119					2			1	1						3	1
Total	3		9	9	19	10	24	14	7	12		3	1		63	48

Two of the children scoring very high reading quotients with low I.Qs. were very disturbed and distractible children, in whom it is probable the I.Q. recorded was an under-statement.

Appended (page 75) are histograms showing the findings relating to children in adjustment classes throughout the year. The shift to the right in the histograms showing reading quotient in January and December shows the great improvement obtained.

The following tables (XIII and XIV) indicate the average gains and losses (separately among those who gained or lost) in the reading quotient ; and as a second measure, a relationship between the achievement and the time spent, in relation to reading ability. In both tables, *all* the children who have attended the classes during the year have been included.

Table XIII.

Average Gains and Losses in R.Q.

	Among those gaining Gain per Child	Among those losing Loss per Child
Girls.		
A School ..	8. 6	1. 3
B ,,	8. 6	1. 0
C ,,	7. 0	2. 3
D. ,,	9. 3	4. 0
GIRLS ...	8. 4	2. 0
Boys.		
A. School	6. 9	1. 6
B. ,,	9. 9	5. 0
C. ,, .	7. 0	3. 5
E. ,,	10. 2	NIL
BOYS	8. 5	2. 4

AVERAGE FOR WHOLE GROUP

	Among those gaining Gain	Among those losing Loss
BOYS and GIRLS	8. 5	2. 2

The following table shows, for each school, the average gain per week in "reading" weeks made by the total number of children -groups (i), (ii) and (iii)—who attended adjustment classes during the experimental year; this was calculated by reference first to the reading age at the beginning and end of the period under review, and secondly, the number of weeks in attendance at the class.

Table XIV.

Average Gain per Week in "Reading" Weeks

School.	Boys Average Gain	Girls Average Gain
A and B	1. 8	1. 6
C.	1.85	2.06
D.	—	2. 7
E.	2. 6	—

Average gain for the total number of children :—
2.1 "reading" weeks per "attendance" week.

A few individual examples of great gain in "reading" weeks are added:

Boy	Girl	Attendance Weeks	Gain in Reading Weeks
—	1	30	73
—	1	30	169
1	—	32	225
1	—	28	95
—	1	23	95
—	1	26	95
1	—	24	95
1	—	25	65

2. IMPROVEMENT IN EMOTIONAL AND SOCIAL ADAPTATION.

Whilst the above figures demonstrating improvement in the ability to read are ample evidence of the value of adjustment teaching, this improvement is probably largely the outcome of the better social adaptation and more mature, confident personality, achieved by most of the children after a period in an adjustment class. This cannot be shown statistically, but we found it very fully proved. Naturally we cannot assert that no such general growth would have taken place in the ordinary course of the child's life during the same period; but the fact remains that these children had already been in infant or junior schools for from two to six years and were still, on the whole, failing scholastically as well as in emotional and social development.

Of the total number of children attending an adjustment class for one, two or three terms, 16 boys and 15 girls had been put there not only because they were scholastically retarded but also because they were considered ' difficult ' in the sense of being somewhat anti-social. A further 28 boys and 20 girls were " withdrawn " children and in some cases also anxious. 3 boys and 2 girls had suffered from serious illness, involving prolonged stay in hospital, and were over-protected at home. Almost every child had a weak ego and therefore lacked in self-confidence.

The following indications of improvement in regard to these difficulties are a summary of comments entered throughout the experimental year in the record forms. They cover the observations of head, class and adjustment teacher. A particularly satisfactory feature is the number of entries in the records—35 in all—about parents who either wrote to or visited the schools to express gratitude for their child's improvement in behaviour at home as well as scholastically. In a survey of the record forms the note most frequently made by the adjustment teacher was that the child was progressively concentrating better, was really working and had formed both the wish to learn and the belief that (s)he could do so. Usually the class teacher found that the improvement carried over into the child's general attitude to school work. Notes on increased self-confidence, improved capacity to enter into relationships and, amongst the anti-social, more friendly and normal behaviour occured in almost every case. Only 16 children—8 boys and 8 girls—were reported to have made no change, or only very little in emotional and social attitudes ; though of these all but 3 had increased their R.Q. Only 1 boy—a profoundly distractible and " fragmented " child—did not become less anti-social despite a full year in an adjustment class.

It was most instructive to note how the spontaneous productions of the play therapy sessions showed the gradual development in emotional and social integration. Paintings and models became richer, fuller and more imaginative. Anxieties, aggressions and fears were committed to paper or clay, in the intuitive knowledge that they would be accepted. The children were more contained, purposive and expressive in all activities, including reading and writing, ultimately hardly looking up when a stranger entered the room. They talked with greater ease and increased vocabulary, handled objects with assurance, and the inhibited began to make bolder, more definite movements. A few children revealed qualities of leadership and became mediators or general "handy men" in their groups. It was often observed that a child discovered, in the play sessions, some aptitude or ingenuity and, for a time, concentrated on this. Then the modified social attitude appeared together with a real endeavour to learn. Some became so eager that they came early or stayed late for a few minutes extra teaching or asked for home work. All this was their response to the general atmosphere of the adjustment class, in which the child felt himself to be valued as an individual, free at certain times to express himself in a contained setting, certain of continued help in his scholastic difficulties. Life was fuller and more interesting in consequence. It must again be emphasized that the personality and attitude of the adjustment teachers was primarily responsible for the improvement shown by the majority of the pupils in the adjustment classes. Their respect for the children and the value they accorded to everything produced in teaching and play sessions were the creative and supporting elements. They caused the adjustment class to be a constantly dynamic situation for every child.

We append a few individual examples, each of which could be multiplied, of the kinds of development outlined above in previously nervous or discouraged children. A dull girl disclosed a pleasant capacity for delicate and imaginative painting. The respect and interest shown by her head teacher, class teacher and adjustment teacher greatly increased her sense of her own value. She was soon reading at the level of her I.Q. and, when transferred to her secondary modern school, went confidently, knowing that a report on her gift for painting had preceded her. A boy with a pronounced tremor of the hands and a slight stutter lost both as he began to read up to the limits of his capacity. One boy and one girl, who were frequently absent through minor illnesses and who had previously welcomed every slight excuse to remain at home, during their third term, insisted on going to school even when they might justifiably have stayed away. A former truant, excluded as a mumps contact, several times slipped out from home and appeared triumphantly at school. An extremely shut-in half-caste boy became normally sociable with children and adults by the end of his third term in an adjustment class. The teachers also noted that, as the year went by, if they were unavoidably delayed in reaching a class, or obliged to leave it for a time, work was begun or continued exactly as if they had been present.

A further aspect of adjustment teaching is of interest. Teachers in normal classes found they could do very much more for the less backward children, as the most backward were helped in the adjustment class.

3. ATTITUDE OF THE PARENTS TO ADJUSTMENT TEACHING.

It has already been noted that 35 parents expressed appreciation of this special service for their retarded children ; many co-operated eagerly with the adjustment teachers, calling to ask for names of suitable books to buy for the children to read with them at home. Many who did not actually approach the school showed their pleasure by providing all kinds of objects to be used in the ' shops ' through which arithmetic was taught. On "Open Days" the adjustment classes had a very high attendance of parents ; after Parent Teacher Association meetings there were again many parents who thanked or questioned the teachers. One very pleasant incident was the special visit of a young couple who confessed that they were both illiterate and had been distressed that their son of nearly 9 was apparently to be likewise. They were so delighted with his great progress that they were now buying him one of the ' junior ' newspapers weekly. The parents of 2 other boys came gladly to see their sons take prizes for the greatest progress. One mother, whose delicate and backward son should have transferred to a junior school where there was not an adjustment class, kept him where he was, in view of the benefit he was receiving.

In a few instances parents resented their children being put into an adjustment class. They feared that this was a class for the very intellectually impaired and a possible prelude to his being sent to a special boarding school. With one exception they were re-assured after an interview with the head or adjustment teacher and the children settled well in the class.

4. CHILDREN WHO APPEARED NOT TO BENEFIT BY ADJUSTMENT TEACHING.

At the time of the final examination 10 boys and 8 girls, all in the I.Q. range—70 to 88, had apparently responded very little, or not at all, to adjustment teaching. Of these, 2 girls came from morally bad homes (one child has gone to an approved school), and 1 boy from a home so shiftless and inadequate that he had no sense of security. It was suspected in the case of 1 girl and known in that of another, that they were fundamentally rejected in their respective homes. 2 boys had been exceedingly deprived in infancy and, we fear, may permanently have lost the capacity to form relationships. 2 boys came from homes where, though the children were neither ill-treated nor actually neglected, they seemed to be given little or no affection. It is important to record that, almost towards the end of their third term, these 2 boys became somewhat less avid for attention and worked rather more steadily. If this improvement should be maintained, it would suggest that, in such cases, adjustment teaching must be continued for a very long time, before the child deprived of affection is given up. In regard to the foregoing 9 children the inference is that adjustment teaching is in some cases as powerless as are many other social agencies really to help the deprived child in the bad or inadequate home. The remaining children appeared to have somewhat crippled personalities. 2 boys were anti-social, fragmented and wilful. They did not respond to patience or kindness, and, if anything, took advantage of the permissive atmosphere of the adjustment classroom. 2 boys and 2 girls were very shut-in, secretive and, in the case of one of the boys, extremely apathetic. One of the girls latterly adjusted a little to the group, but the other three made no move socially or emotionally and very little scholastically. The last boy—a delicate, over-protected child, had many absences, and when present in the class, still appeared to remain emotionally tied to his anxious mother. Finally, 2 girls who were close friends resented the class from the beginning. They took no interest in the work and combined to be obstructive. It is possible that, though they were in a higher group, they felt humiliated in that the very dull younger sister of one of them was also having adjustment teaching. Nevertheless all except 2 are remaining in the class in the hope of improvement.

VI. Conclusions.

The experimental year enabled us to draw certain conclusions in regard to :—

the selection of children ;

the withdrawal of children from the class ;

the equipment and books and ;

recommendations for the future.

(a) Selection of Children. Two age groups responded particularly well to adjustment teaching. One comprised children of 7+. They had not yet become discouraged by failure, and the general atmosphere of the class was sufficiently like their infant school to set them immediately at ease. Those of low intelligence did not show much scholastic progress during the first term ; but during the second and third terms it was appreciable and steady. The second group was that of older children, about 9½+. These responded eagerly to the individual attention given them, were supported by the teacher's assurance that they could learn to read and were old enough to feel gratitude for what was done for them. In both these age ranges many children achieved R.Qs. within a few points of the I.Q. Quite a number exceeded this level. On the whole the weakest response came from the few backward readers of high average or superior intelligence. There is invariably a strong emotional factor in their failure, and they are often more humiliated by it than is the duller child. Probably they would do better in a group which did not also contain intellectually impaired members. In regard to selection we formed two general opinions.

The first that it was advisable to have the children in need of adjustment teaching *as soon as possible after entry to the junior school* ; the second that, ideally, there should be separate groups for those of average or superior intelligence.

(b) WITHDRAWAL OF CHILDREN FROM THE CLASS. Ascertaining the correct time at which to return a child to his normal class presents many problems. The attainment of an adequate R.Q. alone is not enough, for the child may still be insecure or lacking in self-confidence. On the other hand some children, specially amongst the rather lower I.Q. levels, may obtain a thorough grounding fairly quickly and, though not having greatly increased the R.Q., be ready to return full time to a C stream. We also encountered a difficulty in the case of some intellectually impaired girls of under 8, several of whom were emotionally very immature. They found the daily change of class unsettling and were withdrawn at the end of the second term. But one wishes that it had been possible to arrange a full half day's session of adjustment teaching for them, in order to foster ego development by play therapy methods. Again it is desirable that no child should be withdrawn from the class until the Principal School Medical Officer is satisfied (after full consultation with the head teacher, the class teacher, the adjustment teacher and the educational psychologist) that adequate and lasting adjustment has been secured, or alternatively, that the child is unlikely to make progress in the class.

(c) PREMISES. We feel it is really essential to full success that a classroom be reserved in each of the schools concerned solely for this work. Only in this way can an appropriate and stable background be given to these children in this phase of their education.

(d) EQUIPMENT. One further comment is needed here, namely, that from his experience of the children who come to his classroom, the adjustment teacher should build up a large collection of the kinds of games most likely to stimulate and interest them.

(e) BOOKS. Of the reading schemes and books originally supplied to each classroom, we found the Oxford University Press series " Adventures in Reading and Writing " to be uniformly the most helpful and most popular. " The Pilot Reading Scheme " appealed greatly to young non-readers, as the pictures stimulated their imagination and gave much opportunity for oral expression. Rather more intelligent children of 9 years old and upwards greatly enjoyed the reading matter in this series. We also found later additions of Arnold's " Pathfinder Series " and " There and Back Again " to be very useful indeed.

Picture Dictionaries were immensely popular and most stimulating to all the children.

(f) RECOMMENDATIONS FOR THE FUTURE. In view of the undoubted success of the experimental year we recommend the appointment of three additional adjustment teachers to serve more junior schools. And we look forward to the time when every junior school will have a separate adjustment classroom, fully equipped and with a full-time adjustment teacher in each.

CHILDREN IN ADJUSTMENT CLASSES THROUGHOUT THE YEAR 1954